



CITY OF CAPE TOWN

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH



FOR THE YEAR 1974



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ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH



FOR THE YEAR 1974

UNITED STATES OF AMERICA



DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

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1974

REPORT OF THE MEDICAL OFFICER OF HEALTH

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THE CORPORATION OF THE CITY OF CAPE TOWN

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1974

HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF CAPE TOWN.

Ladies and Gentlemen

It is with pleasure that I present my third annual report concerning health conditions in the City of Cape Town, together with an account of the work conducted by the City Health Department during the year 1974. Throughout the year health conditions have been satisfactory.

VITAL STATISTICS

The estimated population of the City, based on the 1970 census was 795 380 (246 200 White and 549 180 non-White). This represents an increase of 3,2% over the previous year.

BIRTHS

A total of 21 614 births were notified to the Department which was 427 less than the previous year. White births decreased from 3 780 to 3 593 (187) and non-White births from 18 261 to 18 021 (240). The Bantu group showed the only increase — from 3 931 to 4 250 (319).

The overall birth rate revealed a decline from 28,6 to 27,2. The White birth rate at 14,6 is the lowest ever recorded and is half that of the Coloured group and one third that of the Bantu group.

ILLEGITIMACY

Illegitimate births increased from 7 529 to 7 626 (97), the increase being confined to the Bantu and Asiatic groups. The percentage increase being 12,2 and 200,0 respectively.

DEATHS

6 608 Deaths (White 2 227 and non-White 4 381) were recorded in the municipal area. The overall death rate declined from 8,62 to 8,31 (3,6%). The principal feature was the reduction in the number of deaths due to degenerative heart diseases. One aspect also, was the large number of non-White deaths in the under 1 year and middle age groups classified as 'ill defined' or 'unknown cause' — 244 such cases were thus recorded in the year.

Deaths from suicide — prominent in the previous year fell to a normal level again but with a change in the main mode of death from drugs to firearms.

INFANT MORTALITY

Infant deaths totalled 868 (43 White and 825 non-White) with a mortality rate of 40,2, the same as the previous year. The White rate fell to its lowest level at 12,0. The main decrease in both racial groups was due to fewer deaths from nutritional maladjustment.

MATERNAL MORTALITY

Five fatalities occurred (3 Coloured and 2 Bantu). Inquests were held in 3 cases which followed abortion.

INFECTIOUS DISEASES

During the year 796 cases of measles were admitted to the City Hospital. This is the highest number ever admitted in one year and follows an almost continuous rise over the years. Sixty nine deaths (all non-White) occurred compared with 50 in the previous year. With the now annual allocation of funds granted by Council for measles vaccine, the programme of immunising, commenced early in February, should greatly benefit the susceptible section of the community.

Mention must also be made of the serious outbreak of typhoid fever which occurred at Mamre, some 60 km from Cape Town, during May. In order to accommodate the large number of patients admitted to the City Hospital, many tuberculosis cases were temporarily transferred to the Dr. Stals Sanatorium. Of the 357 patients admitted from Mamre 187 confirmed cases of typhoid fever received treatment and it is pleasing to note that no deaths occurred. The close co-operation which existed between the Divisional Council and the City Health Department and the assistance given by the radio and the press in repeating warnings and advice did much to prevent spread of infection into Metropolitan Cape Town, and quickly brought the outbreak under control.

Five cases of diphtheria were confirmed and two of these died. There was no record of immunising in three of the patients.

Poliomyelitis cases numbered 5 but there were no deaths.

There were 273 deaths from gastro enteritis (268 non-White), 95% of these deaths occurred in children under 5 years of age.

TUBERCULOSIS

1 538 new cases of pulmonary and 471 non-pulmonary tuberculosis were notified throughout the year compared with 1 429 and 369 respectively for the previous period. The increase being shared fairly equally by the Coloured and Bantu groups. 44% of all new pulmonary cases were treated on an ambulatory or domiciliary basis.

The notification ratio of pulmonary cases per 1 000 population for White, Coloured and Bantu of 1; 9,5; 47,8 compared with the previous year of 1; 7,3; 37,2 indicates a sharp increase among the non-White, particularly the Bantu.

158 deaths from pulmonary tuberculosis were recorded, 33 fewer than previously.

The discovery of new cases of infection at the Langa Mass X-Ray showed a 42,9% increase from 289 to 413 cases indicating the value and necessity of examining all Bantu work seekers entering the City.

VENEREAL DISEASE

15 107 new cases attended the municipal treatment centres during the year being 935 more than previously.

There were 40 fewer cases of syphilis but 214 additional cases of gonorrhoea. The slight but continued decline in the number of teenagers requiring treatment is encouraging.

MATERNAL AND CHILD WELFARE

Although attendances fell at infant welfare sessions due to the expansion of the Day Hospital services, pre-natal and family planning clinics continue to be well supported.

The establishment of the Family Planning Education Centre at Heideveld opened by his Worship the Mayor in January provides training for students from the whole of the Western Cape. The management committee is comprised of members from 7 interested authorities and covers a wide variety of subjects pertaining to public health.

HEALTH EDUCATION

Training in all aspects of health education was continued as in the past, particularly at schools, hospitals and industrial premises. Much use was made of films and other visual aids in support of lectures.

ENVIRONMENTAL SANITATION

The staff position became easier during the year with the addition of 4 White health inspectors. The establishment for non-White staff was increased by one and the post was filled. In addition 4 learner health inspectors were engaged. One large block comprising 34 dwellings was declared a slum by the Slums Court. The demolition and rehousing of the tenants has not yet begun. In respect of 4 other properties the Court rescinded the slum declaration where the buildings had already been demolished and the sites cleared.

MILK CONTROL

Daily average milk production fell from 352 585 litres to 330 396 caused by continued drought and the scarcity of fodder and in the early part of the year a temporary shortage was experienced. 177 (95%) producers now have one or more bulk tanks installed on their farms. A total of 257 such tanks with a total capacity of almost 600 000 litres are now in use.

After the outbreak of chlamydiosis in 1973, a vaccine was developed by the Veterinary Department at Onderstepoort which is now in use.

The TB eradication scheme was actively pursued during the year. Higher compensation is now being paid to farmers who in the past have been reluctant to join the scheme. 394 infected dairy animals were slaughtered in the period.

AIR POLLUTION

The programme for the first smoke control zone order was considered and approved by Council and has been forwarded to the Minister for approval. The desirability of striving for stricter limits on visible pollution led to protracted negotiations and set back the programme and to counteract this the proposed zones 2 and 3 were combined with the first and resubmitted to the Minister. The outcome is still awaited.

Despite supply and other difficulties, change over from oil to coal continued to be made by many industrialists as recommended by the Advisory Committee on Petroleum Products.

Papers were presented at 2 symposia during the year.

HOUSING

A total of 779 dwellings were constructed during the year by the Council's Building Unit, in addition to the 64 dwellings converted from sub-economic to economic lettings.

A further block of 36 flatlets was constructed at Wynberg by the Citizens Housing League.

Applications for Coloured housing now total over 13 500, the back log of suitable accommodation appears to be growing at an ever increasing rate.

ACKNOWLEDGEMENTS

I record with much appreciation and thanks the loyal support and assistance so willingly given to me at all times by members of my staff. I wish also to thank Heads of Departments and other officials for their co-operation and assistance during the year and the Municipal Service Commission for their helpfulness and understanding in regard to staff matters, particularly refundable posts. To the Chairman and Members of the Amenities and Health Committee, as well as other members of the Council, I also offer my thanks for their consideration and support at all times.

Yours faithfully

R M LANGERMAN

M.B. Ch.B D.P.H. F.R.S.H.

MEDICAL OFFICER OF HEALTH

City Health Department
"Libertas"
Hertzog Boulevard
Foreshore
CAPE TOWN
8001

MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31 DECEMBER 1974

AREA:— 28 146, 1568 Hectares				WHITE	NON-WHITE	ALL RACES
Total population...	...	...	...	246 200	549 180	795 380
Birth rate	...	...	...	14,6	32,8	27,2
Death rate	...	...	...	9,05	7,98	8,31
Infant mortality rate	...	...	...	12,0	45,8	40,2
Maternal mortality rate	...	...	...	—	0,27	0,23

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1 000 live births occurring during the year (corrected) and the latter per 1,000 live and still births.

RAINFALL

Amount in MM/Inches	...	...	...	...	...	682,6 mm/26,87 inches
No. of rainy days	...	...	...	...	...	96

The total rainfall of 321,0 mm. for 1973 is the lowest recorded at the airport since opening in 1957. The previous lowest was 361,5 mm. in 1971.

The highest annual rainfall since 1957 was 716,4 mm. in 1962.

TEMPERATURE

Maximum	...	...	...	...	...	37,4 on 11 February	(Average 22,2)
Minimum	...	...	...	...	...	0,9 on 12 August	(Average 11,6)

Information kindly supplied by Officer-in-Charge, Weather Office, D.F. Malan Airport.

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1974

SECTION 1. NATURAL AND SOCIAL CONDITIONS

PHYSICAL GEOGRAPHY

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 50 Km and attaining a maximum width of about 16 Km. Its average width east and west may be estimated at 8 Km. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about 20 Km from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain 1082 m at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 300 m, most of the isthmus does not reach 30 m, and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea as the result of the construction of the new harbour.

The City of Cape Town consists of a central portion which, before the City extension of 1913, constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2–6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, marine suburbs known as Green Point, Sea Point, Camps Bay and Bakoven (Wards 1, 2 and 3) lie along the Atlantic sea board for a distance of about 10 Km curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the 'Southern Suburbs' (Wards 7–9 and 10–17) extend around Devil's Peak and are stretched for about 24 Km along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Ward 8), next to Cape Town proper, slope down to Table Bay and at the other end Muizenberg, St. James and Kalk Bay (Ward 17) lie on the False Bay coast. The string of suburbs between known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the Mountain range, and, to a greater extent, on the Cape Flats below this range.

The Municipality extends over the Cape Flats to a varying depth of up to 8 km. and is today being extensively developed for industrial and residential purposes. Some of the largest non-White residential townships have within recent years been laid out in these areas and are served by the Cape Flats railway and the Nyanga link which form loops lying in a more easterly direction than the main suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 9) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Thornton which, together with other townships lying outside the municipal area of the city and following the main road to the north are known as the 'Northern Suburbs'.

AREA

The area of the Municipality of Cape Town on 31 December 1974 comprised 28 146,16 hectares. The length of the main road passing through the municipality from the boundary at Bakoven to that at Clovelly is about 40 kilometres.

CLIMATE

Cape Town is situated in Lat. 33°55'S., Long. 18°25'E.. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is equable. The rainy season is in the winter, but occasional showers also occur in the summer months of December, January, February and March. Those areas of the municipality situated on the two seaboard are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its hinterland.

From the point of view of public health Cape Town belongs to the temperate zone, and tropical diseases, except for imported cases, are entirely absent. The state of health and the mortality statistics of the White portion of the population are much the same as would be expected in a socio-economically advanced European city.

SOCIAL AND ECONOMIC CONDITIONS

Thirty one per cent of the total population of the Municipality of Cape Town (including the Bantu Townships) of over 795 380 consists of Whites or 'Europeans'. The other 69 per cent is commonly designated as 'non-Whites'. 81 per cent of these non-Whites are of the mixed race known as Cape Coloured, the remainder consists of Bantu and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Bantu and other stocks.

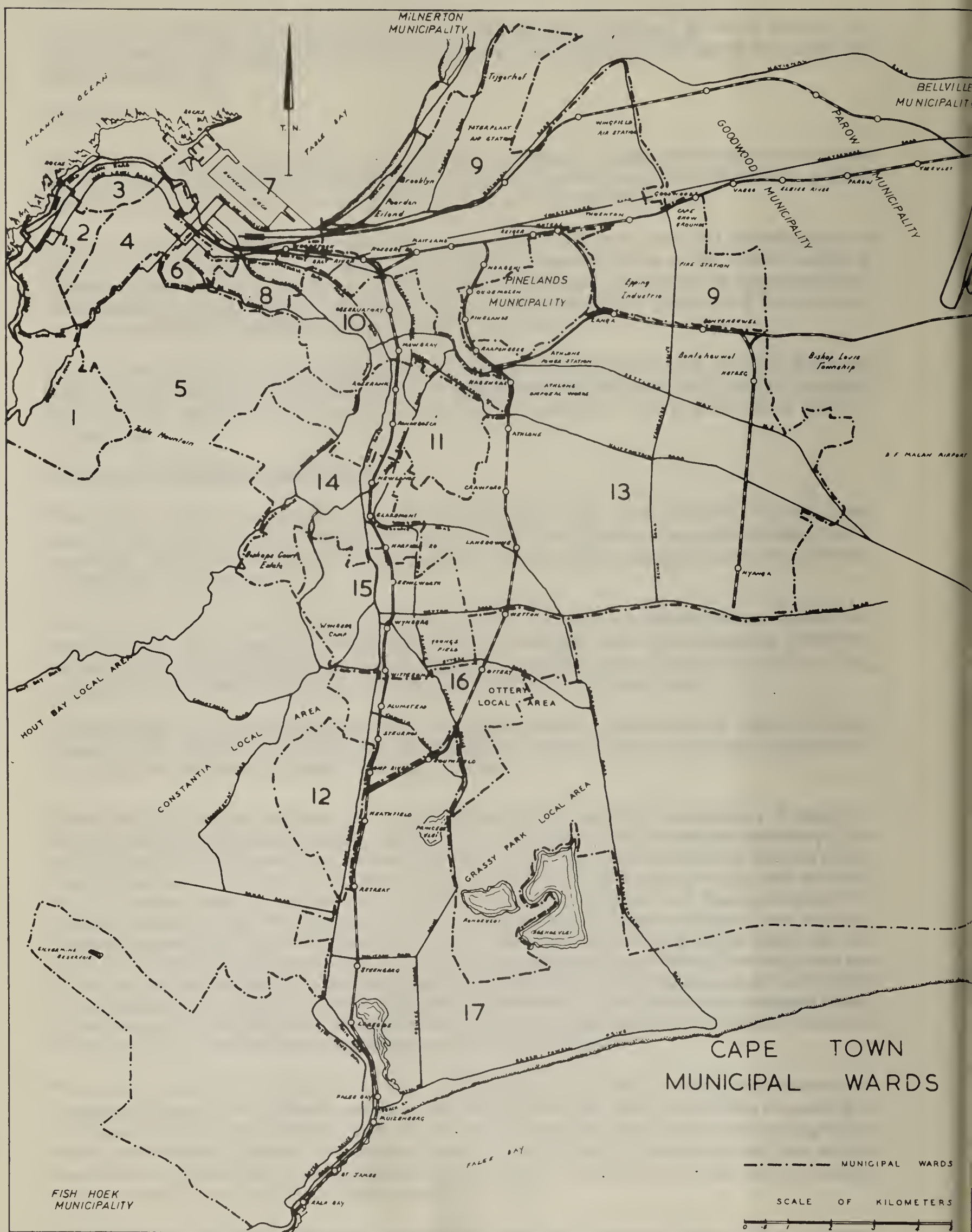
There is one section of the Cape Coloured, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indies. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A section of them are skilled tradesmen and earn good wages but the majority are unskilled labourers and many of the men earn less than R20 a week when in full employment. The position is aggravated by the large size of their families. The family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much malnutrition, and housing accommodation apart from municipal schemes is expensive and poor. The social and cultural level is low but is showing signs of steady improvement. The principle of compulsory education does not as yet apply to the non-Whites. The illegitimacy rate is high and venereal disease is rife. The social contrast between Whites and Cape Coloured can be expressed by the statement that whereas in the Whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Whites who live in overcrowded conditions, but a majority of the Coloured.

The Bantu constitute only 17 per cent of the non-Whites. They live in the municipal Bantu townships of Langa and Guguletu, or if in domestic service, in their employers' homes. Many of the Bantu are males from the Bantu homelands who still retain their link with the territories and usually return there eventually; but there is an increasing population of detribalised Bantu who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of Coloured people but their housing in municipal Bantu townships is better.

The Indians total 10 470 in number. They are nearly all traders, and are better off than the Cape Coloured. Some of them are making good progress in business and are well-to-do.

There are parts of the city where the inhabitants are mainly non-White and other parts that are exclusively occupied by Whites and their non-White servants. The various sections of the community, however are to a



great extent inter-mingled, and there is nothing approaching complete segregation of the races. The State Department of Community Development has commenced to unscramble the present hotch-potch of White and non-White residential areas. This activity is placing additional strains on the local authority's attempt to reduce overcrowding and clear the many slums in the city area, as the requirement by this State Department for newly constructed municipal economic and sub-economic homes, amounts to as much as 50 per cent. The geographical distribution of White and Coloured is very much the same as that of well-to-do and poor in a European town. In the planning of housing under the Housing Act the estates for Whites are separate from those for non-Whites and this will contribute to progressive and complete residential separation.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

MUNICIPAL WARDS

The City is divided into 17 wards, varying in area from the smallest (Ward 2—Sea Point) to the largest (Ward 17).

The following is a guide to the more important areas which may be identified on the accompanying map.

Ward	1	Camps Bay
Ward	2	Sea Point
Ward	3	Three Anchor Bay, Green Point and Mouille Point
Ward	4	Tamboerskloof
Ward	5	Oranjezicht and Vredehoek
Ward	6	Central area
Ward	7	Harbour Area
Ward	8	Lower Woodstock and part of Salt River
Ward	9	Maitland, Brooklyn, Kensington and Thornton
Ward	10	Observatory and Mowbray
Ward	11	Rondebosch
Ward	12	Bergvliet and Meadowridge
Ward	13	Athlone, Langa, Guguletu, Crawford and Lansdowne
Ward	14	Newlands and part of Claremont
Ward	15	Kenilworth and Wynberg
Ward	16	Plumstead, Southfield, Heathfield and part of Ottery
Ward	17	Heathfield to Clovelly

SECTION II – VITAL STATISTICS

The vital statistics in this report refer to the Municipality of Cape Town and are for the calender year 1974.

Births notified to the department are attributed to the month of occurrence, deaths to the date of registration. Both sets of figures have been corrected for inward and outward transfers. The compilation of registered births has been discontinued.

Deaths are shown as 'crude' or 'uncorrected' and include all registrations as having occurred in the Municipality of Cape Town with the addition of inward transfers. 'Corrected' refers to the foregoing after the deduction of outward transfers.

Information relating to deaths is extracted from the records and by courtesy of the Minister of the Interior.

In the table on page 114 of this report, the record of vital statistical rates is set out for a series of years.

The Bantu racial group includes all Bantu whether living in the City or in the townships of Langa and Guguletu.

POPULATION

The estimated population of the municipality of Cape Town for the year under review and the previous year is shown in the following table, Except in the case of the Bantu, it is calculated for the middle of the period (30 June) from the final figures of the census of 1960 and 1970.

Changing conditions relating to the presence of Bantu in the City have rendered preferable the use of the tally of the Bantu population known to the Bantu Affairs Administration Board, as being more factual than calculations based on the census findings.

Race	1973			1974		
	Males	Females	Persons	Males	Females	Persons
White	115440	127160	242600	117155	129045	246200
Coloured	201070	226670	427740	208574	235136	443710
Bantu ...	60330	29920	90250	63050	31950	95000
Asiatic	5300	4890	10190	5440	5030	10470
Non-White	266700	261480	528180	277064	272116	549180
All Races	382140	388640	770780	394219	401161	795380

The following is the average population of the two Bantu Townships, included in previous table, based on an enumeration made at the end of each month by the Township authorities.

	Males	Females	Persons
Langa	27566	4304	31020
Guguletu	27665	25525	53190

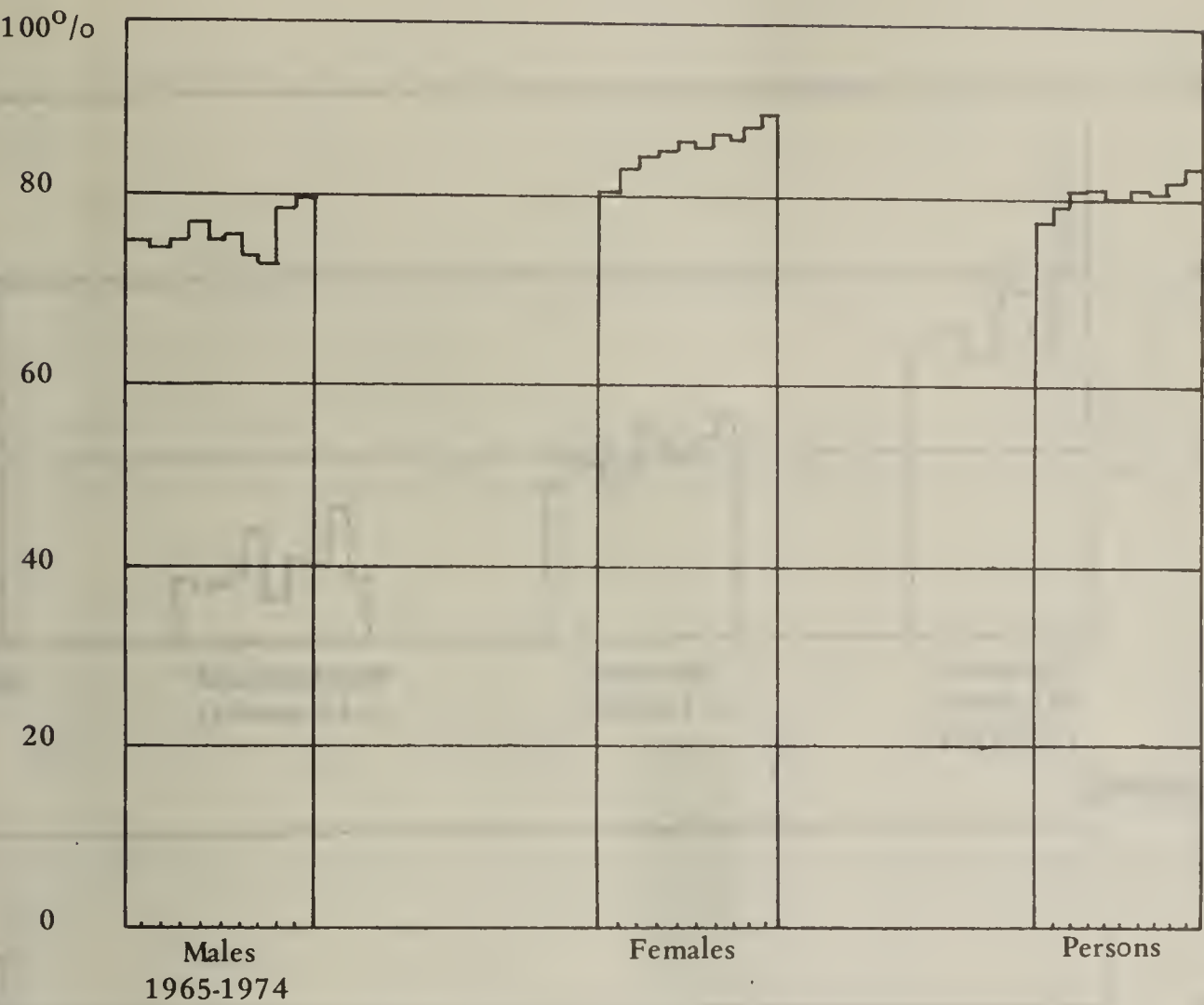
HEALTH INDICATORS

These tables indicate a steady rise in the percentage of deaths occurring at age 55 and over in the White and Coloured racial groups of the population, over the past ten years. The trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired effect. More persons are attaining the age of 55 years than formerly and, generally speaking, it is the female who enjoys the longer span of life.

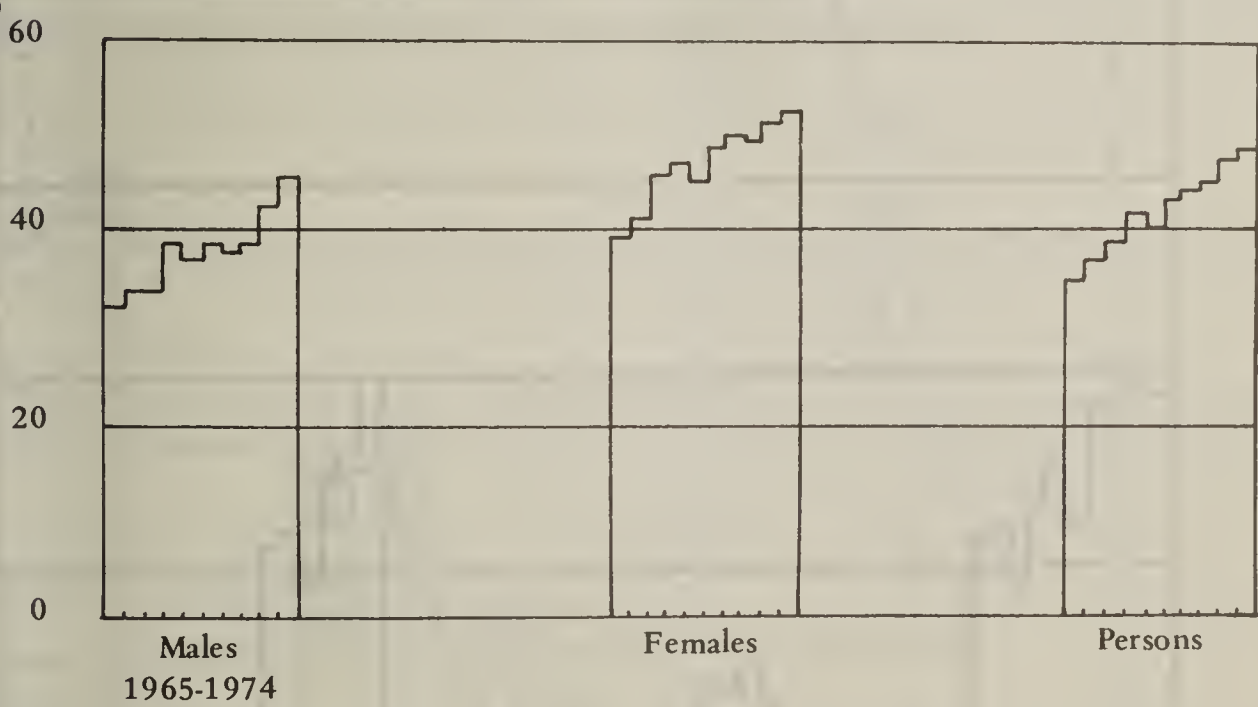
HEALTH INDICATORS

Percentage of deaths, Age 55 Years and over.

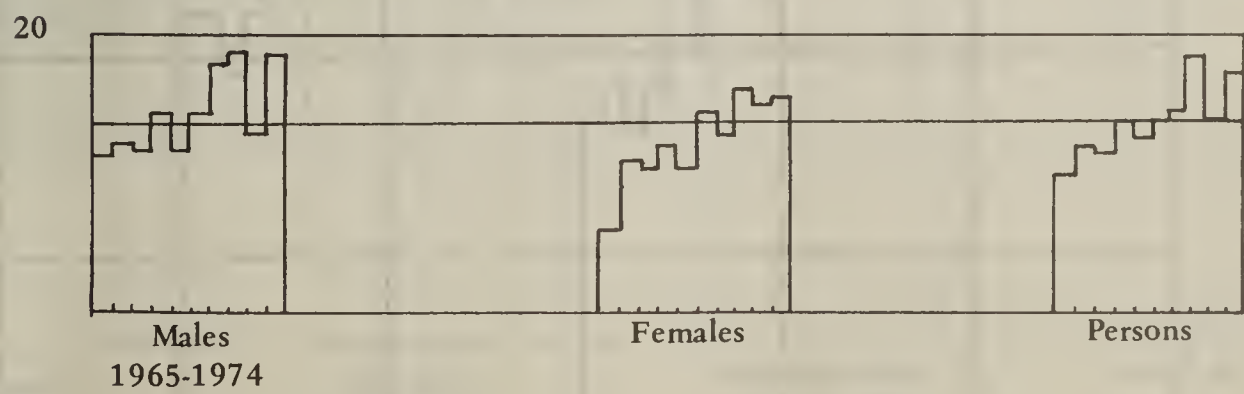
WHITES



COLOURED

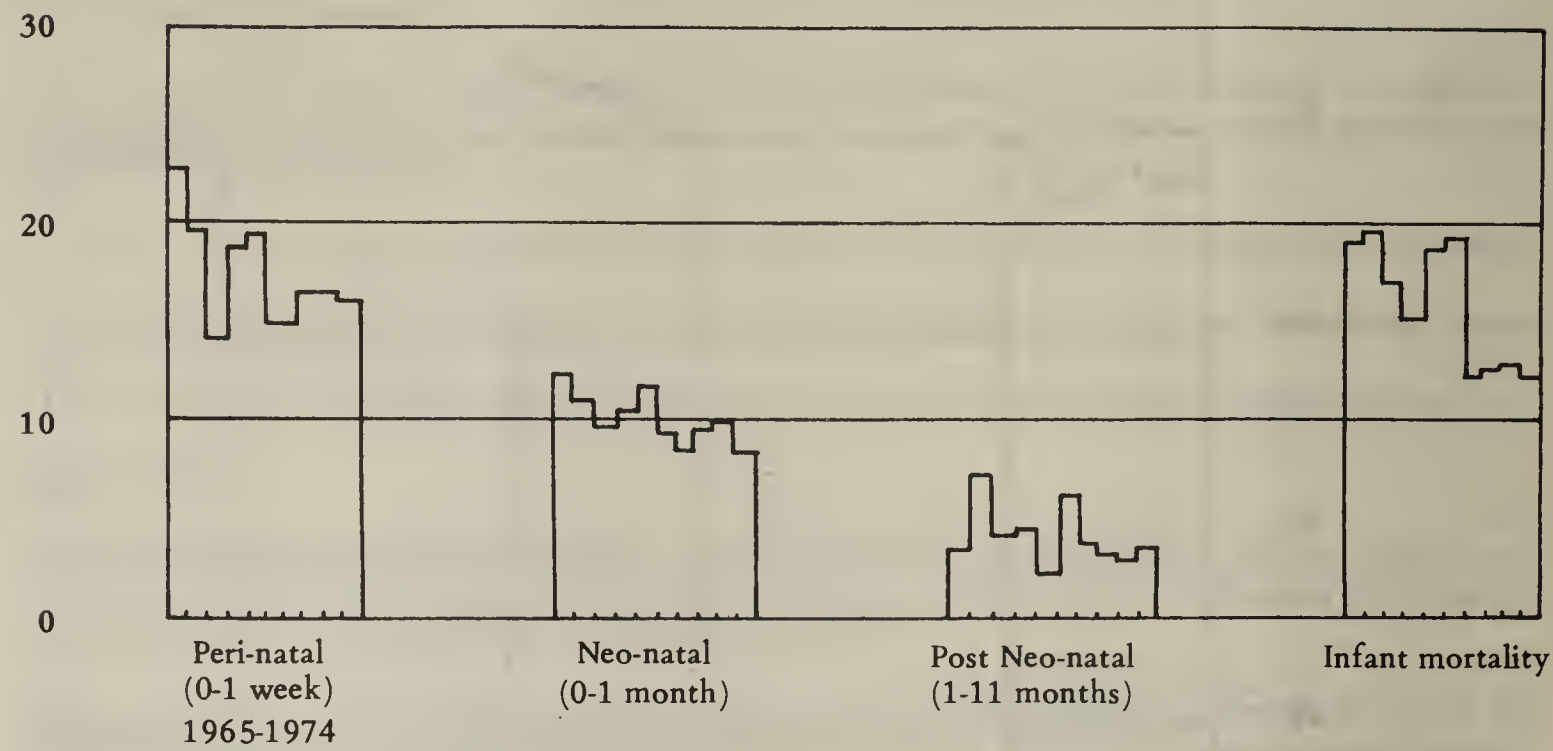


BANTU

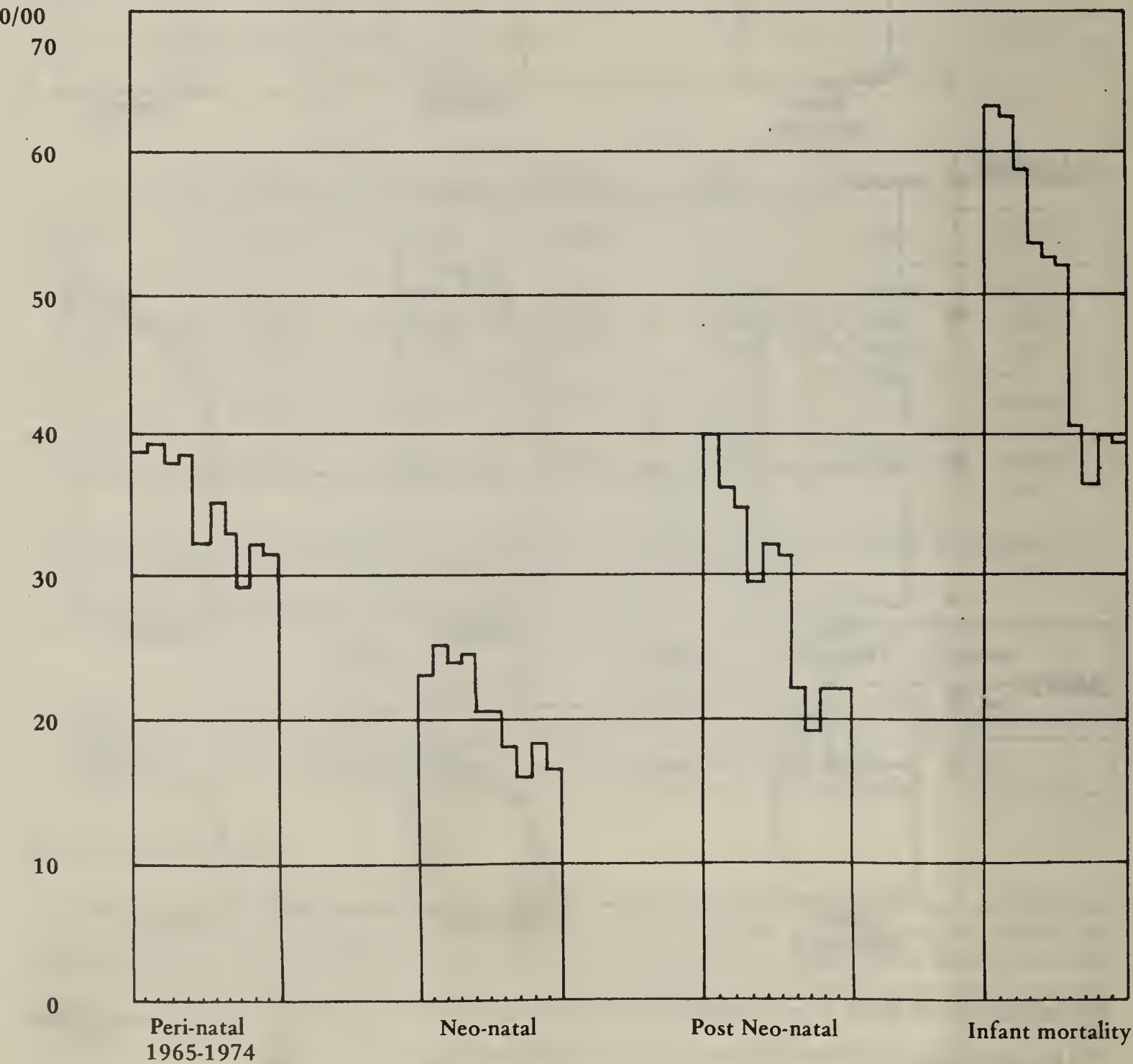


Increases among the White, Coloured and Bantu groups amounted to 1,0%, 2,6% and 22,8% respectively. The low percentage of deaths still occurring in the non-White groups should be noted.

INFANT MORTALITY RATES PER 1 000 LIVE BIRTHS
WHITES

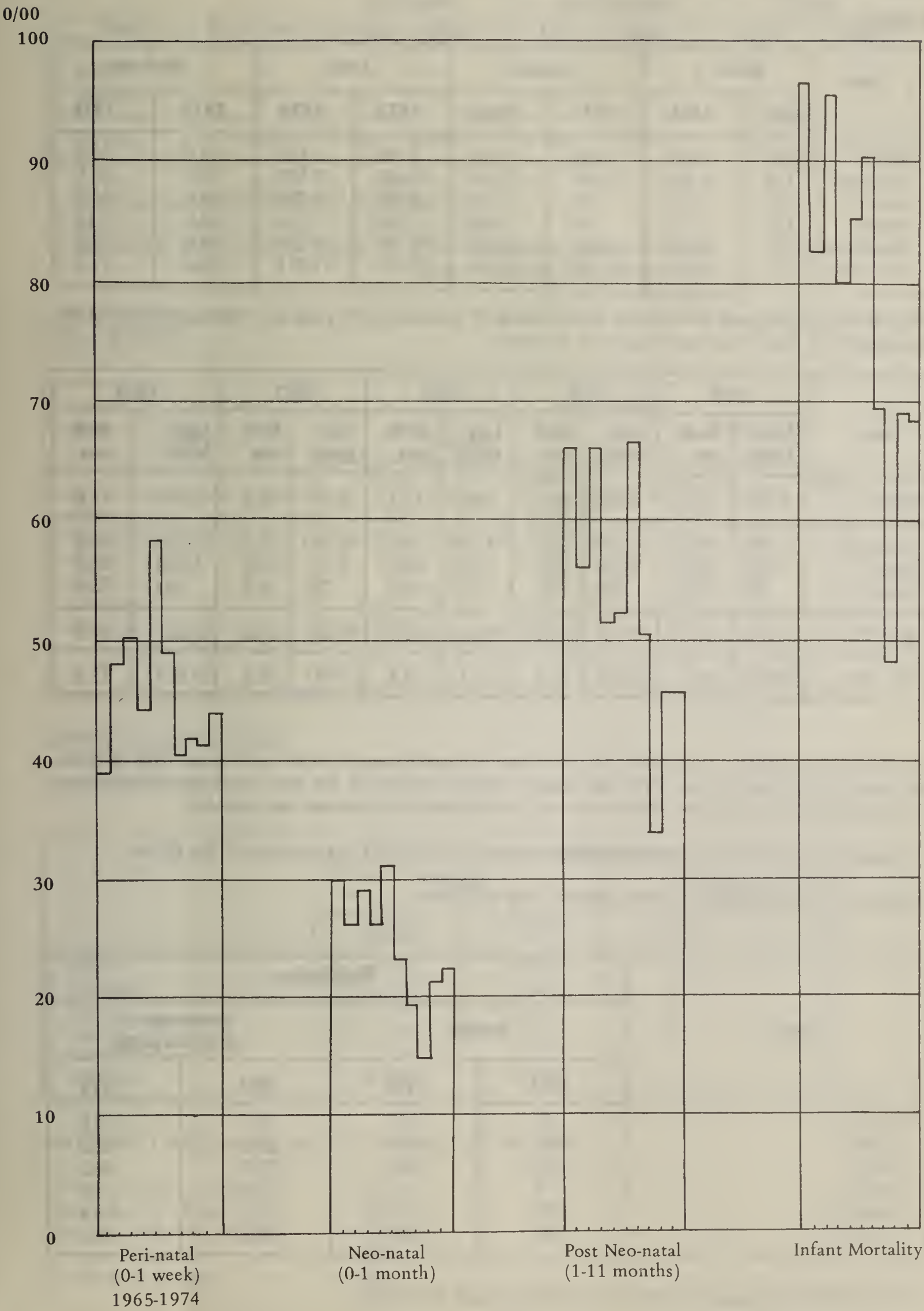


COLOURED



INFANT MORTALITY RATES PER 1 000 LIVE BIRTHS

BANTU



Births are notified direct to the Medical Officer of Health from institutions, midwives and others in terms of the Regulation re Early Notification of Births. (Section 133 (1) of the Public Health Act No. 36 of 1919).

Recording of registered births has been discontinued.

Particulars relating to notified births are as follows:—

BIRTHS

Race	Males		Females		Total		Birth rate	
	1973	1974	1973	1974	1973	1974	1973	1974
White	1 974	1 834	1 806	1 759	3 780	3 593	15,6	14,6
Coloured	7 179	6 917	6 901	1 613	14 080	13 530	32,9	30,5
Bantu	2 013	2 119	1 918	2 131	3 931	4 250	43,6	44,7
Asiatic	135	137	115	104	250	241	24,5	23,0
Non-White	9 327	9 173	8 934	8 848	18 261	18 021	34,6	32,8
All races	11 301	11 007	10 740	10 607	22 041	21 614	28,6	27,2

The following table shows the variation in the number of births and birth rates per 1 000 population for the Municipality of Cape Town over a period of five years.

Race	1970		1971		1972		1973		1974	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
White	4 165	19,2	4 300	18,3	4 092	17,1	3 780	15,6	3 593	14,6
Coloured	13 465	35,2	14 145	35,6	14 156	34,3	14 080	32,9	13 530	30,5
Bantu ...	3 148	36,7	3 369	36,2	3 682	40,4	3 931	43,6	4 250	44,7
Asiatic ...	200	21,4	223	23,1	182	18,3	250	24,5	241	23,0
Non-White	16 813	35,2	17 737	35,5	18 020	35,1	18 261	34,6	18 021	32,8
All races	20 978	30,2	22 037	30,0	22 112	29,4	22 041	28,6	21 614	27,2

The continuous decline in the overall birth rate over the past 5 years is shown in the above table. With the exception of the Bantu group, which has shown a further increase, all the other racial groups were lower than the previous year and the White birth rate, in particular, is the lowest ever recorded.

It should be noted that the Bantu rate is three times and the Coloured rate twice that of the Whites.

Illegitimate live births notified during the year, were as follows:—

Race	Notifications			
	Number		Percentage of total live births	
	1973	1974	1973	1974
White	381	352	10,1	9,8
Coloured	5 052	4 911	35,9	36,3
Bantu	2 090	2 345	53,2	55,2
Asiatic	6	18	2,4	7,5
Non-White	7 148	7 274	39,1	40,4
All races	7 529	7 626	34,2	35,3

A further 799 illegitimate live births to non-residents were notified.

MULTIPLE BIRTHS

Twins notified to the Department.

		Children					
		Both males		Both females		Mixed	
Race	No. of pairs	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
White	28	11	1	9	2	5	
Non-White	190	49	17	45	25	39	15
TOTAL	218*	60	18	54	27	44	15

* Including 2 pairs of Siamese twins. One set still born.

In addition the following were notified:— 1 set of sextuplets (3 male 3 female)
3 sets of triplets (2 sets Bantu males)
(1 set Coloured females)

STILL BIRTHS

Race	Notifications			
	Number		Still birth rate	
	1973	1974	1973	1974
White	33	29	8,7	8,1
Coloured	250	252	17,8	18,6
Bantu	104	118	26,5	27,8
Asiatic	3	6	12,0	24,9
Non-White	357	376	19,5	20,9
All races	390	405	17,7	18,7

The rate is calculated as per 1 000 births. A further 75 still births to non-residents were also notified.

BIRTHS IN INSTITUTIONS

Live and still births

	Notifications			
	Number		Percentage of total maternities	
	1973	1974	1973	1974
White	3 740	3 542	99	98
Coloured	8 826	8 913	63	65
Bantu	2 619	2 675	67	61
Asiatic	169	164	68	66
Non-White	11 614	11 752	64	64
All races	15 354	15 294	70	69

MATERNITY BEDS AVAILABLE AT VARIOUS HOSPITALS

Mowbray Maternity Hospital	99
Groote Schuur Hospital	82
Peninsula Maternity Hospital	76
Somerset Hospital	50*
St. Monica's Home	39
	346

* Increased to 72 on 1 September 1974.

GENERAL MORTALITY

The deaths and rates per 1 000 population are shown in the following table:—

	Crude Total		Outward Transfers		Corrected Deaths	Death rate	Death rate
	M	F	M	F	Persons	1973	1974
White	1 414	1 338	297	228	2 227	9,40	9,05
Coloured	2 236	1 839	462	350	3 263	7,61	7,35
Bantu	781	497	130	69	1 079	11,66	11,36
Asiatic	24	18	1	2	39	5,40	3,72
Non-White	3 041	2 354	593	421	4 381	8,26	7,98
All races	4 455	3 692	890	649	6 608	8,62	8,31

Compared with the previous year the death rates fell by 3,6°/o for all races (White 3,7°/o and non-Whites 3,4°/o).

The decrease was due in both groups to a fall in the number of deaths due to degenerative heart diseases.

A disturbing feature was the very large number of non-White deaths in the under 1 year and middle age groups classified as ill defined or unknown. 244 such deaths were recorded in the year.

Table L on page 114 sets out the annual death rates in years from 1948/9 and quinquennia from 1946/7.

For the purpose of comparison the death rates for certain other towns in the Republic and for England and Wales are set out in Table M on page 115.

Deaths registered as belonging to the Bantu Townships are included in the foregoing figures. Particulars regarding these will be found in Table A on page 101.

PRINCIPAL CAUSES OF MORTALITY

Based on the International Classification of Diseases, 8th Revision

Whites				Non-Whites			
Int. Code No.	Cause of death	Deaths	Death rate	Int. Code No.	Cause of death	Deaths	Death rate
393—398 402, 404 410—414 420—429	Cardiovascular diseases	647	2,63	393—398 402, 404 410—414 420—429	Cardiovascular diseases	606	1,10
140—209	Cancer	437	1,77	140—209	Cancer	488	0,89
794	Senility	311	1,26	466 480—486 490—491	Bronchitis and Pneumonia	462	0,84
430—438 440—448	Arterial diseases	285	1,16	430—438 440—448	Arterial diseases	459	0,84
466 480—486 490—491	Bronchitis and Pneumonia	90	0,37	E 800—999	Accidents and violence	312	0,57
492—3 500—519 470—4, 460—5 467	Other Respiratory diseases	80	0,32	561	Gastro Enteritis	268	0,49
E 800—999	Accidents and violence	79	0,32	771—9	Peri Natal Mortality	206	0,38
390—2, 400—1 403—4 450—8	Other diseases of Circulatory System	45	0,18	492—3 500—519 470—4, 460—5 467	Other Respiratory diseases	189	0,34
580—629	Diseases of Genito/Urinary System	33	0,13	010—019	Tuberculosis	183	0,33
320—358	Diseases of Nervous System	17	0,07	794	Senility	164	0,30

The deaths listed above account for 81⁰/o of all deaths.

Cardiovascular diseases continue to head the list of principal causes of death for both racial groups. There has been no change in the order of the first four causes of death in the case of Whites and the first seven causes for non-Whites from the previous year.

Bronchopneumonia together with other diseases of the respiratory system, have displaced accidents and violence among the Whites, while in the case of non-Whites, other diseases of the respiratory system have displaced tuberculosis.

Further details for the year 1974 will be found in Table A to C pages 101 to 103 and in Table D, on pages 104 and 105 the rates of mortality of a short list of causes are shown by race with the corresponding figures for the previous 10 years.

DEATHS FROM CORONARY THROMBOSIS (CODE 410) OVER 5 YEAR PERIOD 1970 to 1974
DEATHS AND DEATH RATES PER 1 000 POPULATION

RACE	1970		1971		1972		1973		1974	
	M	F	M	F	M	F	M	F	M	F
White	314	182	310	169	159 (273)	111 (190)	346	209	258	184
	3,04	1,60	2,77	1,37	2,40	1,52	3,00	1,64	2,20	1,43
Coloured	180	93	164	94	96 (165)	69 (118)	193	128	166	97
	1,00	0,46	0,88	0,45	0,85	0,54	0,96	0,56	0,80	0,41

SEASONAL VARIATION

The seasonal variation in mortality is shown in the table below and in Table C on page 103 where the deaths for the year are classified for specific causes.

	1969	1970	1971	1972	1973	Mean 5 years.	1974
January	472	485	490	436	559	488	468
February	471	484	546	—	403	476	439
March	469	433	533	—	574	505	531
April	505	583	515	—	447	513	443
May	543	546	481	—	560	533	643
June	651	600	543	—	596	598	619
July	732	700	523	520	586	612	736
August	609	689	557	614	694	633	561
September	573	713	553	461	659	592	648
October	541	562	451	434	526	503	473
November	419	550	448	579	495	498	559
December	548	532	401	429	545	491	488
TOTAL	6 533	6 887	6 041	3 473	6 644	5 916	6 608
MEAN	544	574	503	496	554	534	551
Per 1 000 population	9,7	9,9	8,2	7,9	8,6	8,0	8,3

AGE AT DEATH

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following table:—

		Age groups											
		0–1		1–4		5–24		25–64		65 and over		Total	
		M	F	M	F	M	F	M	F	M	F	M	F
Deaths	White	23	20	3	1	30	13	425	253	636	823	1 117	1 110
	Coloured	271	255	84	73	98	55	852	575	468	531	1 773	1 489
	Bantu	148	144	54	59	37	28	340	148	72	49	651	428
	Asiatic	4	3					13	8	6	5	23	16
	Non-White	423	402	138	132	135	83	1 205	731	546	585	2 447	1 933
	All races	446	422	141	133	165	96	1 630	984	1 182	1 408	3 564	3 043
Percentage of Total Deaths	White	2,1	1,8	0,3	0,1	2,7	1,2	38,0	22,8	56,9	74,1	100	100
	Coloured	15,3	17,1	4,7	4,9	5,5	3,7	48,1	38,6	26,4	35,7	100	100
	Bantu	22,7	33,6	8,3	13,8	5,7	5,5	52,2	34,6	11,1	11,4	100	100
	Asiatic	17,4	18,8					56,5	50,0	26,1	31,3	100	100
	Non-White	17,3	20,8	5,6	6,8	5,5	4,3	49,2	37,8	22,3	30,3	100	100
	All races	12,5	13,9	4,0	4,4	4,6	3,2	45,7	32,3	33,2	46,3	100	100

Note:

The above figures represent percentages and not rates and cannot as a result be used for statistical comparisons between racial groups.

Reference should also be made to the health indicator diagrams on page 8 of this report.

In the non-White group 18,8°/o of all non-White deaths occurred in the age group of under 1 year—the corresponding figure for Whites was 1,9°/o.

Deaths under 5 years of age constituted 25,0°/o of all deaths among non-Whites (Coloured 20,9°/o, Bantu 37,5°/o, Asiatic 17,9°/o).

The corresponding figure for Whites was 2,1°/o.

Under 25 years of age, deaths constituted 30,0°/o of all deaths among non-Whites (Coloured 25,6°/o, Bantu 43,6°/o, Asiatic 17,9°/o).

The White figure was 4,0°/o.

The deaths and death rates per 1 000 population are shown in the accompanying table according to sex:—

Race	Crude		Corrected					
			Deaths		Rate 1973		Rate 1974	
	M	F	M	F	M	F	M	F
White	1 415	1 338	1 117	1 110	10,1	8,7	9,5	8,6
Coloured	2 235	1 839	1 773	1 489	8,9	6,4	8,5	6,3
Bantu	781	497	651	428	11,2	12,5	10,3	13,4
Asiatic	24	18	23	16	7,0	3,7	4,2	3,2
Non-White	3 040	2 354	2 447	1 933	9,4	7,1	8,8	7,1
All races	4 455	3 692	3 564	3 043	9,6	7,6	9,0	7,6

DEATH RATES

The following table shows the variation in the number of deaths and death rates per 1 000 population for the Municipality of Cape Town over a period of five years. Figures for the Bantu Townships have been included.

Race	1970		1971		1972		1973		1974	
	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate
White	2 295	10,57	2 129	9,04	1 253 (2 148)	8,99	2 281	9,40	2 227	9,05
Coloured	3 528	9,23	3 045	7,66	1 772 (3 038)	7,37	3 256	7,61	3 263	7,35
Bantu	1 009	11,77	821	8,82	414 (710)	7,79	1 052	11,66	1 079	11,36
Asiatic	55	5,88	46	4,76	34 (58)	5,85	55	5,40	39	3,72
Non-White	4 592	9,62	3 912	7,82	2 220 (3 806)	7,41	4 363	8,26	4 381	7,98
All races	6 887	9,92	6 041	8,21	3 473 (5 954)	7,91	6 644	8,62	6 608	8,31

The rates computed from the 1972 figures are arbitrary.

DEATHS IN INSTITUTIONS

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table:—

Race	Crude		Corrected	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
White	1 826	66	1 343	60
Coloured	2 342	57	1 564	48
Bantu	852	67	661	61
Asiatic	21	50	8	46
Non-White	3 215	60	2 243	51
All races	5 041	62	3 586	54

There are 40 recognised general hospitals and private nursing homes in the municipality.

DEATHS BY OCCUPATION

Deaths at certain ages are classified here as to occupation at time of death.

Occupation		Age Groups								Non-residents	
		15-24		25-44		45-64		65+			
	Sex	W	N-W	W	N-W	W	N-W	W	N-W	W	N-W
Agriculture	M					2	1	4		18	3
	F				1		2				
Clerical	M	2	2	5	12	40	17	12	5	9	3
	F		2	4	2	9	2	2		2	1
Domestic Servant	M					1	1				
	F		4		17		17				10
Fishing and Marine	M		2		8	1	8	1	2	2	4
	F										
Invalid	M	2	4	5	19	14	17	8	6	2	9
	F	3	4	2	1	9	11	6	3	3	4
Labourer	M	2	51		253	8	394		87	6	224
	F										
Managerial	M			7	1	39	2	22		15	
	F						1	1			
Commercial	M			6		14	8	21	4	6	1
	F					1				2	
Professional	M			3		12	1	15		12	
	F					1	1	2	1	2	1
Police and Military	M			1	3	6				7	
	F										
Salesmen	M	1		1	1	14	5	3		3	1
	F					3					
Scholar	M	2	11	1						2	6
	F	3	7	1						3	2
Teacher	M			1	2	3	5	2		2	1
	F			1			1	1			4
Tradesman	M	1	2	11	22	28	68	19	21	14	18
	F						1	1			1
Transport	M		1	5	16	13	20	2	7	6	6
	F										
Other Workers	M	8	15	11	62	64	122	16	32	28	29
	F		8	1	13	4	15	1	1	1	6
Housewives	M										
	F	3	28	24	184	182	432	678	421	175	167
Retired etc.	M				4	109	133	511	382	140	57
	F					11	30	131	159	29	22
TOTAL	M	18	88	57	403	368	802	636	546	272	363
	F	9	53	33	218	220	513	823	585	215	218

HOME ACCIDENTS

The following list of deaths in Cape Town from accidents in the home have been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death:—

Cause	Sex	Age Groups											
		0-4		5-14		15-24		25-49		50-64		65+	
		W	N-W	W	N-W	W	N-W	W	N-W	W	N-W	W	N-W
Burns or Scalding	M	1	3	2	2	1	1			2	1		
	F		2						1		1		
Falls	M				1				2	2			
	F		1									8	3
Suffocation	M	2							1				
	F	1											
Poisoning by drugs	M								1				
	F		2										
Carbon Monoxide	M		3										
Poisoning	M				1		2		2		2		
	F		1						1				
Drowning	M	1											
	F								1				
Cuts	M												
	F												
Electrocution	M					1							
	F												
Firearms	M												
	F												
Lack of care	M												
	F												
TOTAL	M	4	5	2	4	2	3		6	4	3	8	3
	F	1	7						3		1		

The total of 56 accidental deaths compares with 48 in the previous year.

ACCIDENTAL DEATHS

The table below sets out the causes of accidental deaths over a period of 5 years. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1970	1971	1972	1973	1974
Railway	12	8	8(14)	15	6
Road traffic	325	274	101(173)	202	148
Poisoning	16	13	5(9)	11	16
Falls	38	23	10(17)	24	32
Drowning	43	26	15(26)	31	20
Asphyxia	5		1(2)	3	1
Burns	26	29	6(10)	24	26
Trauma	21	18	2(3)	19	8
Firearms	1			1	2
Electrocution	1	1	1(2)	1	1
Miscellaneous	19	8	8(14)	32	31
TOTAL	507	400	157(269)	363	291

SUICIDE

Deaths by suicide. Number:—

Year	White		Non-White		Total			Rate per 1 000
	Male	Female	Male	Female	Male	Female	Persons	
1970	15	9	7	6	22	15	37	0,05
1971	13	9	10	1	23	10	33	0,04
1972	5(9)	5(9)	7(12)		12(21)	5(9)	17(30)	0,04
1973	19	16	13	4	32	20	52	0,07
1974	12	3	14	1	26	4	30	0,04

Death by suicide. Age group

Year	10–14		15–24		25–44		45–64		65+		Total
	W	N-W	W	N-W	W	N-W	W	N-W	W	N-W	
1970	—	—	3	1	8	9	10	3	3	—	37
1971	—	—	2	2	7	5	12	2	1	2	33
1972	—	—	—	1(2)	6(10)	4(7)	2(3)	2(3)	2(3)	—	17(30)
1973	—	—	5	4	11	11	9	2	10	—	52
1974	—	—	3	3	6	9	6	3	—	—	30

Death by suicide. Mode.

	1970	1971	1972	1973	1974
Drug Poisoning	9	9	6(10)	28	4
Hanging	10	7	7(12)	5	9
Firearms	6	6	2(3)	4	10
Carbon monoxide Poisoning	4	4	1(2)	3	2
Falls	3	2	—	4	—
Railway	1	4	1(2)	3	2
Drowning	1	—	—	1	—
Wounds	1	1	—	1	1
Electrocution	—	—	—	1	—
Burns	2	—	—	1	—
Inanition	—	—	—	1	—
Suffocation	—	—	—	—	2

The fall in the number of suicides in the White group is encouraging. Males continue to predominate in each racial group, while 50% of all these events occurred among persons in the prime of life., i.e. in the age group 25–44 years.

The main change in the mode of death from drugs to firearms may be an indication of the easier accessibility of the one over the other.

INFANT MORTALITY

The deaths of infants under one year of age are shown in the following table.

Race	Crude		Outward Transfers		Corrected Infant Deaths 1974		
	M	F	M	F	M	F	Total
White	43	28	20	8	23	20	43
Coloured	381	342	110	87	271	255	526
Bantu	176	169	28	25	148	144	292
Asiatic	4	3			4	3	7
Non-White	561	514	138	112	423	402	825
All races	604	542	158	120	446	422	868

Race	Infant deaths		Rate per 1 000 live births	
			Based on notified births	
	1973	1974	1973	1974
White	48	43	12,7	12,0
Coloured	562	526	39,9	38,9
Bantu	268	292	68,2	68,7
Asiatic	7	7	28,0	29,1
Non-White	837	825	45,8	45,8
All races	885	868	40,2	40,2

INFANT MORTALITY RATES

The infant mortality rate is of special significance because it is regarded as one of the most sensitive indexes of health conditions of the general population.

Compared with the previous year, infant deaths fell by 17 (i.e. 1,9°/o), White 5 and non-White 12.

The White decrease which was slight was mainly due to fewer deaths from nutritional maladjustment. The non-White decrease was fairly general with fewer deaths from nutritional maladjustment and post-natal asphyxia and pneumonia.

During the year, 60°/o of White deaths occurred in the first week of life (peri-natal period) and 70°/o in the first month of life (neo-natal period).

The percentages among the non-White group were 32°/o and 39°/o respectively.

The causes of infant mortality both for children under one year of age and children between one and two years of age are set out in Table K on pages 112/3. This Table indicates very clearly the fall in infant mortality over the past twenty five years, and in recent years the decline in the number of infant deaths from gastro-enteritis. Table E and F on pages 106 and 108 shows the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since 1948/9 are set out in years and quinquennia from 1946/7 in Table L on page 114.



City of Cape Town. - Stad Kaapstad.

With the Compliments of the Medical Officer of Health.

Met die komplimente van die Mediese Gesondheidsbeampste.



THE UNIVERSITY OF CHICAGO

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The number of deaths of infants under one year of age and the infant mortality rates per 1 000 live births (notified) for the past five years are shown in the following table.

Race	1970		1971		1972		1973		1974	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White	66	15,8	55	12,8	31(53)	13,0	48	12,7	43	12,0
Coloured	703	52,2	571	40,4	296(507)	35,8	562	39,9	526	38,9
Bantu	284	90,2	234	69,5	103(177)	48,1	268	68,2	292	68,7
Asiatic	2	10,0	4	17,9	2(3)	16,5	7	28,0	7	29,1
Non-White	989	58,8	809	45,6	401(687)	38,1	837	45,8	825	45,8
All races	1 055	50,3	864	39,2	432(740)	33,5	885	40,2	868	40,2

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks but under one year) mortality rates per 1 000 live births (notified) are shown in the following table classified for certain causes.

Cause of death	Neo-natal mortality rate		Post neo-natal mortality rate		Infant mortality rate	
	White	non-White	White	non-White	White	non-White
Whooping cough				0,2		0,2
Tuberculosis (all forms)				0,3		0,3
Scarlet fever						
Measles				1,6		1,6
Diphtheria				0,6		0,6
Syphilis		0,1				0,1
Bronchitis and pneumonia	0,3	1,1	0,6	7,6	0,8	8,7
Gastro enteritis		0,8		10,5		11,3
Prematurity	3,9	7,9		0,1	3,9	8,0
Injury at birth	0,3	0,8			0,3	0,8
Congenital malformations	2,2	1,8	1,1	0,8	3,3	2,6
Other diseases of early infancy	1,4	2,7		0,6	1,4	3,3
Other and ill-defined or unknown causes	0,3	2,8	1,9	6,0	2,2	8,9
TOTAL	8,3	18,0	3,6	27,8	12,0	45,8

The trend in infant mortality since 1965 is as follows:—

White Group

Cause of death	1965	1966	1967	1968*	1969*	1970*	1971*	1972*	1973*	1974*
Whooping cough										
Tuberculosis										
Measles										
Diphtheria										
Syphilis			0,3		0,3					
Bronchitis and pneumonia	1,5	0,5	0,8	1,3	1,5	1,2	1,9	0,7		0,8
Gastro enteritis	1,2	1,9	0,8	0,5	0,8	1,2	0,7		0,3	
Prematurity	3,2	3,2	2,1	2,4	4,6	1,9	3,0	2,4	3,4	3,9
Injury at birth	1,2	1,3	0,5	1,3	1,0	1,2	0,5	0,5	0,5	0,3
Congenital malformations	4,9	3,5	3,7	3,7	3,3	3,4	2,3	2,4	2,6	3,3
Other diseases of early infancy	5,2	3,5	4,5	4,4	4,8	3,8	3,3	4,6		1,4
Other causes	2,3	2,7	2,1	1,3	1,3	3,1	1,2	2,2	5,8	2,2
All causes	19	17	15	15	18	16	13	13	13	12

*Rates based on notified births.

Non-White Group

	1965	1966	1967	1968*	1969*	1970*	1971*	1972*	1973*	1974*
Whooping cough	0,2	0,1	0,1	0,2		0,1	0,1	0,1	0,1	0,2
Tuberculosis	0,6	0,3	0,9	0,3	0,5	0,2	0,3	0,3	0,3	0,3
Measles	1,7	1,3	1,3	0,9	1,3	1,2	1,2	0,2	1,3	1,6
Diphtheria		0,1			0,1				0,2	0,6
Syphilis	0,2	0,1	0,4	0,5	0,4	0,3	0,2		0,4	0,1
Bronchitis and pneumonia	10,6	11,9	12,5	9,3	9,3	8,5	7,3	7,9	9,1	8,7
Gastro enteritis	22,0	20,6	20,4	14,1	16,2	19,9	13,9	10,0	11,7	11,3
Prematurity	11,8	11,2	11,3	8,7	6,8	6,4	9,2	6,1	8,2	8,0
Injury at birth	3,1	2,9	3,3	2,8	3,0	2,9	1,2	0,9	1,0	0,8
Congenital malformations	3,9	4,1	4,8	3,6	3,5	3,6	2,0	2,1	2,1	2,6
Other diseases of early infancy	13,4	14,7	13,3	10,0	11,7	9,9	6,9	6,3	0,3	3,3
Other causes	10,9	10,4	11,1	7,3	4,2	5,8	3,3	3,7	11,1	8,9
All causes	78	78	79	58	58	59	46	38	46	46

* Rates based on notified births.

PRINCIPAL CAUSES OF INFANT MORTALITY 1974

Whites

	Code	Cause	Deaths		
1	777	Prematurity	14		
2	740-759	Congenital Malformations	12		
3	—	Other Misc. Causes	7		
4	480-6	Pneumonia	3		
5	776/8	Diseases of early Infancy	3		
6	772	Birth Injury	1		
7	E913	Suffocation	1		
8	774/5	Haemolytic & Haemorrhagic	1		
9	500-19	Other diseases of respiratory tract	1		
		ALL CAUSES	43		
				0	300

Non-Whites

	Code	Cause	Deaths		
1	004,8,9 561	Gastro Enteritis	203		
2	777	Prematurity	145		
3	480-6	Pneumonia	141		
4	—	Other Misc. Causes	111		
5	740-759	Congenital Malformations	47		
6	776/8	Other diseases of early infancy	42		
7	038	Septicaemia	31		
8	055/6	Measles	29		
9	466 490/1	Bronchitis	15		
10	772	Birth Injury	15		
11	320	Meningitis	12		
12	500-19	Other diseases of respiratory tract	11		
13	267-273	Nutritional Maladjustment	6		
14	259-266	Avitaminosis	6		
15	010-012 015-019	Tuberculosis	4		
16	033	Whooping Cough	3		
17	090	Syphilis	2		
18	032	Diphtheria	1		
19	013	T.B. Meningitis	1		
		ALL CAUSES	825		
				0	300

Coloured

	Code	Cause	Deaths		
1	004,8,9 561	Gastro Enteritis	108		
2	777	Prematurity	100		
3	480-6	Pneumonia	91		
4	—	Other Misc. Causes	72		
5	740-759	Congenital Malformations	36		
6	776/8	Other diseases of early Infancy	33		
7	038	Septicaemia	27		
8	055/6	Measles	13		
9	500-19	Other diseases of respiratory tract	11		
10	772	Birth Injury	10		
11	466, 490-1	Bronchitis	10		
12	320	Meningitis	8		
13	267-273	Nutritional Maladjustment	6		
14	033	Whooping Cough	3		
15	259-6	Avitaminosis	2		
16	032	Diphtheria	1		
17	010-012 015-019	Tuberculosis	1		
18	090	Syphilis	1		
			533		

0100200

Bantu

	Code	Cause	Deaths		
1	004,8,9 561	Gastro Enteritis	95		
2	480-6	Pneumonia	50		
3	777	Prematurity	45		
4	—	Other Misc. Causes	39		
5	055/6	Measles	16		
6	740-759	Congenital Malformations	11		
7	776,778	Other diseases of early Infancy	9		
8	772	Birth Injury	5		
9	466, 490-1	Bronchitis	5		
10	320	Meningitis	4		
11	038	Septicaemia	4		
12	259-6	Avitaminosis	4		
13	010-012 015-019	Tuberculosis	3		
14	013	T.B. Meningitis	1		
15	090	Syphilis	1		
			292		

0100200

The following table shows the corrected number of peri-natal (stillbirths and deaths in the first week of life), neo-natal and post neo-natal deaths for the various races and the corresponding rates per 1 000 live births. The peri-natal rate is based on live and still births combined.

PERI NATAL PERIOD				
	Deaths		Rate per 1 000 deliveries based on births and still births	
	1973	1974	1973	1974
White	61	55	16	15
Coloured	455	437	32	32
Bantu	167	195	41	45
Asiatic	6	10	24	40
Non-White	628	642	34	35
All races	689	697	31	32
NEO NATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1973	1974	1973	1974
White	37	30	10	8
Coloured	255	223	18	16
Bantu	88	96	22	23
Asiatic	4	5	16	21
Non-White	347	324	19	18
All races	384	354	17	16
POST NEO NATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1973	1974	1973	1974
White	11	13	3	4
Coloured	307	303	22	22
Bantu	180	196	46	46
Asiatic	3	2	12	8
Non-White	490	501	27	28
All races	501	514	23	24

Compared with the previous year there was a decrease of 7,8% in neo-natal and an increase of 2,6% in post neo-natal deaths.

The next table shows the variation in the peri-natal, neo-natal and post neo-natal rates over a period of five years:—

Year	White			Non-White		
	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal
1970	15	10	6	37	21	38
1971	15	8	5	34	19	27
1972	16	10	3	32	16	22
1973	16	10	3	34	19	27
1974	15	8	4	35	18	28
Average 1970—1974	15	9	4	34	19	28

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 106 where the infant deaths for the year 1974 are classified for certain causes.

	1969	1970	1971	1972	1973	Mean 5 years	1974
January	90	111	87	61	75	85	54
February	104	116	108	—	53	95	60
March	104	70	75	—	84	83	81
April	79	111	89	—	56	84	71
May	77	75	66	—	90	77	106
June	89	67	79	—	86	80	76
July	109	91	66	64	83	83	77
August	97	80	67	71	81	79	81
September	76	74	57	52	81	68	84
October	85	71	54	50	62	64	53
November	64	87	70	84	69	75	60
December	98	102	46	50	65	72	66
TOTAL	1 072	1 055	864	432	885	862	869
Mean	89,3	87,9	72,0	61,7	73,8	71,8	72,4
Per 1 000 live births	50,5*	50,3*	39,2*	33,5*	40,2*	39,1*	40,2*

* Based on notified Births.

The infant mortality in respect of legitimate and illegitimate infants amongst the various races is shown in the following table.

Race	Rate per 1 000 live births, based on Notifications			
	Legitimate		Illegitimate	
	1973	1974	1973	1974
White	12,1	9,9	7,9	11,4
Coloured	27,1	29,6	48,3	36,9
Bantu	39,7	31,0	59,8	34,1
Asiatic	20,5	31,4	166,7	—
Non-White	29,1	29,9	51,8	35,9
All races	25,1	25,2	49,5	34,7

The deaths of 250 infants under one year of age are excluded from above figures as information regarding legitimacy was unobtainable.

MATERNAL MORTALITY

The following table shows the corrected number of deaths from causes ascribed to pregnancy and childbirth including abortion, and the corresponding rate per 1 000 total deliveries (live and still births).

Int. Code No.	Cause of death	Deaths			Maternal mortality rates
		White	Non-White	All races	All races
630-634	Complications of pregnancy		1	1	0,05
635-639	Infections & Toxaemias of Pregnancy & the Puerperium		1	1	0,05
640-645	Abortion		3	3	0,14
650-662	Delivery				
670-678	Complications of the Puerperium				
			5	5	0,23

Five fatalities (3 Coloured and 2 Bantu) occurred during the year. Magisterial inquests were held in 3 cases following abortions.

The maternal mortality rates per 1 000 deliveries in 1974 and previous years were as follows:—

	Puerperal septicaemia			Other causes			All causes		
	White	Non-W	All races	White	Non-W	All races	White	Non-W	All races
1970	—	0,29	0,23	0,24	0,47	0,42	0,24	0,76	0,66
1971	—	0,17	0,13	—	0,50	0,42	—	0,66	0,54
1972	—	0,11	0,09	—	0,16	0,13	—	0,27	0,22
1973	—	0,11	0,09	—	0,05	0,04	—	0,16	0,13
1974	—	0,05	0,05	—	0,22	0,18	—	0,27	0,23

SECTION 111 – MATERNAL AND CHILD WELFARE

DR J R H TOOKE
MATERNAL AND CHILD WELFARE OFFICER

This Branch is responsible for the following:

Child welfare clinics and subsidized milk distribution

Ante-natal clinics.

Routine childhood immunizing programmes.

Family planning clinics.

Domiciliary visiting by community health nurses.

Health education in all fields.

Some screening sessions in infant deafness.

Some sessions for developmental screening of infants.

Supervision of Council's nursery schools-cum-crèches.

Inspection of premises for nursery school/crèche licensing and registration.

In-service training of medical and nursing staff in matters relating to maternal and child welfare, preventive and promotive health, anti-tuberculosis and anti-V.D. campaigns, and family planning techniques and promotive education.

Assistance to the State Department of Health in providing courses and lectures for visiting students at the Heideveld family planning education centre. (See report by the supervisor of the centre).

Eye clinics for school children (visiting ophthalmological specialists).

Regular reporting on protected infants by community health nurses, who visit the foster-homes.

The intensive programme of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus has been continued throughout the year. Smallpox vaccination of infants is carried out at the immunising sessions; nurses are being trained and 4 have been registered as lay vaccinators.

The immunisation of newborns by the use of B.C.G. vaccine has also been continued; those born in maternity institutions are vaccinated there by the paediatric staff members of those hospitals, while those born at home are vaccinated at special sessions conducted by the Branch's staff at the various child welfare centres. Per-cutaneous B.C.G. is administered by a 20 needle Heaf gun. 21 818 newborns were vaccinated by this method against tuberculosis during the year.

CHILD WELFARE SESSIONS

During the year an average of 68 child welfare sessions were held weekly and 5 fortnightly.

At these sessions 346 522 attendances were recorded of which 19 272 were new cases. 2 198 White and 16 539 non-White were under one year of age at their first attendance and 32 White and 503 non-White were over one year of age.

These figures show a decrease of 22 753 attendances over the previous year and the number of new cases fell by 371.

First attendances of children under one year of age were less than the number of notified births. Of these, White attendances amounted to 61% and non-White attendances to 91.8% of the births notified to the Department.

CHILD WELFARE BRANCH 1974

Centre	Race	Infant Consultations				Pre-Natal Clinics			School Clinics			Dinners	
		Ses- sions	1st Attendances		Total Atten- dances	Ses- sions	Attendances		Ses- sions	Attendances		Attendances	
			Under 1 year	Over 1 year			1st	Total		1st	Total	Adults	Child- ren
Camps Bay	White	22	52		459								
Sea Point	"	43	204	2	1 547								
Kloof St	"	50	215		1 863								
Shortmarket St	Non-W	101	325		3 451								
Aspeling St	"	151	562	5	8 979	49	854	1 504					
Bloemhof	"	53	53	1	2 631								
Devil's Peak	White	24	90	3	463								
Salt River	"		188	2	1 922		23	47		142	716		
	Non-W		433		6 637		349	536		1 056	4 811		
	All Races	148	621	2	8 559	24	372	583	186	1 198	5 527		
Brooklyn	White	51	202	2	1 940								
Maitland	"		89	5	806		1	3					
	Non-W		184	3	2 153		73	199					
	All Races	98	273	8	2 959	34	74	202					
Kensington	Non-W	152	699	14	11 690	23	466	711					
Factreton	"	48	362		5 308								
Thorton	White	24	67		612								
Langa	Bantu	49	696	52	3 694	49	965	2 782					
Guguletu Sect. 1	"	150	1 977	137	15 070	101	2 065	6 362					
Guguletu Sect. 111	"	98	955	69	6 100	50	897	2 895					
Athlone	Non-W	151	740		15 054	51	785	2 430					
Bokmakierie	"	99	423	8	8 756	48	431	1 621	139	1 035	4 195	1 029	10 961
Silvertown	"	151	802	7	13 454	49	687	2 333					
Bonteheuwel	"	199	796	1	23 971	50	1 126	3 956					
Netreg	"	152	352	10	16 843								
Heideveld	"	250	743		23 689	58	886	1 589					
Manenberg	"	250	1 257	7	40 557	52	1 117	1 460				8	1 057
Newfields	"	48	45		809								
Hanover Park	"	248	1 089	13	35 960	48	1 022	2 621				74	958
Claremont (Station Rd)	White		469	8	3 886								
	Non-W												
	All Races	100	469	8	3 886								
Claremont (Wesley St)	Non-W	53	159		2 971								
Lansdowne	White		85	1	1 131								
	Non-W		694	8	10 922		513	1 763					
	All Races	196	779	9	12 053	50	513	1 763					
Wynberg	White		107		1 113								
	Non-W		320	1	4 490		555	1 843					
	All Races	102	427	1	5 603	52	555	1 843					
Ottery	White	21	60	2	416								
Southfield	"	49	227	5	2 215								
Parkwood	Non-W	97	456	8	12 252	45	438	1 638				363	1 675
Bergvliet	White	24	87		588								
Elfindale	Non-W	49	133		2 067								
Lavender Hill	"	135	765	56	17 838	40	654	2 388					
Retreat	"	200	1 372	103	31 617	97	1 670	5 386				91	817
Muizenberg	White	23	55	2	261								
Kalk Bay	"		1		1								
	Non-W		19		336		18	80					
	All Races	24	20		337	20	18	80					
TOTALS	White		2 198	32	19 223		24	50		142	716		
	Non-W		16 539	503	327 299		15 571	44 097		2 091	9 006		
	All Races	3 883	18 737	535	346 522	990	15 595	44 147	325	2 233	9 722	1 565	15 468

The attendances at the child welfare sessions over a period of years are shown in the following table.

Centre	1970	1971	1972	1973	1974
Camps Bay	657	597	676	660	459
Sea Point	454	1 278	1 250	1 486	1 547
Green Point	1 427	1 403	1 174		
Kloof Street	2 661	2 656	2 672	2 093	1 863
Shortmarket Street	4 753	4 500	4 589	4 084	3 451
Aspeling Street	13 265	12 649	12 804	11 656	8 979
Bloemhof	7 606	6 347	4 924	3 303	2 631
Devil's Peak	1 229	1 524	1 455	962	463
Salt River	9 858	8 949	10 137	9 819	8 559
Brooklyn	2 317	1 857	1 962	1 748	1 940
Maitland	3 190	2 784	3 257	3 135	2 959
Kensington	16 196	17 927	16 030	13 485	11 690
Factreton	8 413	8 145	6 974	6 238	5 308
Thornton		510	594	543	612
Langa	2 800	2 944	3 387	3 392	3 694
Guguletu 1	8 758	10 387	12 218	14 592	15 070
Guguletu 111	7 463	7 941	8 006	6 696	6 100
Athlone	14 603	15 150	16 194	14 846	15 054
Bokmakierie	8 963	10 332	11 234	9 640	8 756
Silvertown	16 087	15 519	16 893	15 973	13 454
Bonteheuwel	28 984	28 467	27 586	25 855	23 971
Netreg	15 083	16 776	12 606	14 578	16 843
Heideveld	22 628	20 954	19 477	19 117	23 689
Manenberg	45 480	56 694	47 544	48 853	40 557
Hanover Park	856	25 201	43 453	47 125	35 960
Newfields				186	809
Claremont (Station Road)	7 685	5 827	5 358	4 383	3 886
Claremont (Wesley Street)	5 372	4 728	4 022	3 267	2 971
Lansdowne	13 963	12 272	13 750	13 611	12 053
Bergvliet				350	588
Wynberg	6 076	6 600	6 401	6 364	5 603
Ottery		461	323	179	416
Southfield	676	867	1 043	1 182	2 215
Parkwood	9 039	12 719	12 081	12 252	12 252
Elfindale				1 249	2 067
Heathfield	5 566	4 570	4 129	2 002	
11th Avenue Retreat	29 068	23 412	25 066	35 436	31 617
Lavender Hill				3 088	17 838
Muizenberg (John Power)	5 346	3 796	3 458	5 454	
Muizenberg				40	261
Kalk Bay	690	597	420	353	337
TOTALS	327 212	357 339	363 147	369 275	346 522

The small overall drop in the gross totals for 1974 is most likely due to the expansion of Day Hospital services throughout the Peninsula.

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE (Lady Buxton Home)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year.

Voluntary Centre	No. of sessions in the year	No. of new cases (Infants)	Total attendances (Infants)
Bowwood Road, Claremont	403	823	6 247
Meadowridge	22	39	393

ADVISORY WORK AT CHILD WELFARE SESSIONS

At the sessions mothers are advised on correct feeding and hygiene of infants and pre-school children. Breast feeding is encouraged and sessions are held by the health visitors at which instructional test feeds are performed.

Dried milk for infants who cannot be entirely breast fed, and supplementary milk for children at risk or with protein malnutrition is supplied at the centres under the direction of the medical officers, at cost or below cost, to those mothers unable to afford the full retail price. In cases of poverty the milk may be supplied free. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year 1 130 new cases were supplied with dried milk powder. A total of 65 880 kg. (144 936 lbs), fortified with Vitamin D and iron supplement, together with 4 380 kg. (9 636 lbs) of Council skim milk was issued.

The pilot scheme started in 1961 for the distribution of powdered skim milk to necessitous toddler groups and subsidised by the State Health Service was continued on a permanent basis. The subsidy has varied during the year from 36c per kg to 56c per kg with an average of 43c per kg. This milk is distributed to indigent pre-school toddlers showing signs of malnutrition, in an effort to prevent the development of kwashiorkor. More than 2 200 children were supplied with this milk each week and during the year a total of 58 290 kg was issued.

The scheme has resulted in a much larger toddler attendance at municipal child welfare clinics and an improvement in the general standard of nutrition among this group.

MEDICAL EXAMINATION

Newborn babies are examined at the Child Welfare Clinics, and an increasing number are being examined periodically in routine development screening.

A small (but increasing) number of sessions are devoted to screening for infant deafness.

The activity of the Day Hospitals Organisation is beginning to have the long-desired effect of reducing the need to practise curative medicine at the clinics, thus leaving more time for promotive, preventive, advisory and educative effort.

SUPPLEMENTARY FEEDING

With the exception of Bokmakierie, meals to indigent and expectant mothers were discontinued early in the year.

Meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup, and are served from Mondays to Fridays. Skimmed milk is also supplied.

HEALTH VISITING IN THE HOME

Home visiting is the most important aspect of the work of the public health nurse, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth and thereafter as frequently as the nurse's time permits but not less frequently than every three months during the first year.

The public health nurses undertake home visiting for children under school age, visiting of expectant mothers, and in addition the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough and other infectious ailments of childhood. Each public health nurse assists at sessions held at the centre which lies in her district.

The full complement of nursing staff on 31 December 1974 was as follows: —

	<u>WHITE</u>	<u>COLOURED</u>	<u>BANTU</u>	<u>TOTAL</u>
Chief Public Health Nurse	1			1
Senior Public Health Nurse	4	1	1	6
Public Health Nurses	15	32	6	53
Senior Social Welfare Visitor	1			1
Supervisor Family Planning Training Centre	1			1
Assistant Supervisor Family Planning Training Centre	1			1
Clinic Sisters	18	25		43
Clinic Assistants	5	17	3	25
Nursing Assistants		6		6
Learner Public Health Nurses		4		4
Clinic Nurses			4	4
	<u>46</u>	<u>85</u>	<u>14</u>	<u>145</u>

Special duties are performed by 24 of the health nurses and clinic sisters:—

Immunising and Vaccination	8
Ophthalmia clinics and visiting	1
Supervisor of midwifery	1
Family planning. (Factories and Clinics)	14

The following table shows the number of visits made during 1974 and the previous year by health visitors and the social welfare worker. Visits made by the health visitors of the tuberculosis and venereal diseases branches are included here for convenience.

Visits in connection with:—

	1973	1974
Births	19 624	18 674
Subsequent revisits	112 484	88 371
Child deaths	815	676
Expectant mothers	1 125	1 449
Midwives	2 569	1 374
Orthopaedic	27	64
Schools	605	500
Protected infants	741	812
Social Welfare	6 677	5 588
Infectious diseases	4 451	3 796
Other visits	34 400	31 209
	183 515	152 513
Tuberculosis	37 220	34 604
Venereal diseases	1 197	1 037
	221 932	188 154

PRENATAL CLINICS

Pre-natal sessions are conducted at all the larger centres and the work is carried out in close co-operation with the public maternity hospitals which fall either under the Provincial Administration or charitable organisations.

5012 cases were attended by private midwives in their own homes, and most of these women attended the welfare centres for ante-natal care.

During the year, an average of 21 pre-natal sessions were held weekly and 3 fortnightly at which there were 15 595 new cases. The total attendances numbered 44 147 details of which are shown below.

The number of new cases attending the municipal pre-natal sessions amounted to 72% of the number of notified live births (0,7% White and 86,4% non-White.)

Midwives working within the municipal area are supervised by the department's supervisor of midwives and are encourage to attend the pre-natal centre with their patients to see the doctor.

Routine serological tests for syphilis are carried out on all women attending pre-natal sessions and specific treatment is provided for those requiring it. 9 312 blood specimens were taken during the year (25 Whites and 9 287 non-White). Of these 1 098 gave positive or doubtful reactions.

Routine tests are done by the Provincial Blood Transfusion laboratory on all women attending ante-natal sessions to ascertain their blood-grouping. Those who proved to be Rhesus negative are further investigated and referred to hospital if necessary.

Routine testing for haemoglobin levels of all women attending ante-natal sessions is done by the provincial blood transfusion laboratory. Special arrangements have been made, in co-operation with Groote Schuur Hospital to deal with severe cases of anaemia found in pregnant women.

The attendances at the pre-natal clinics in the welfare centres over a period of years are shown in the following table:—

Centre	1970	1971	1972	1973	1974
Aspeling Street	1 762	1 732	1 617	1 490	1 504
Salt River	479	408	452	488	583
Maitland	141	140	334	283	202
Kensington	1 737	1 537	1 608	1 014	711
Langa	1 875	1 859	1 949	2 178	2 782
Guguletu 1	4 939	4 949	6 266	6 673	6 362
Guguletu 111	2 465	3 062	3 179	2 935	2 895
Athlone	3 196	2 898	2 540	2 207	2 430
Bokmakierie	1 288	1 543	1 537	1 747	1 621
Silvertown	2 156	2 659	3 253	3 169	2 333
Bonteheuwel	4 933	5 258	4 891	4 143	3 956
Heideveld	1 492	1 974	1 925	1 448	1 589
Manenberg	2 601	2 399	1 801	1 671	1 460
Hanover Park	169	2 085	3 709	5 461	2 621
Claremont (Station Road)	1 724	1 685	1 601	1 094	
Lansdowne	2 267	2 198	2 305	2 270	1 763
Wynberg	1 092	1 247	1 699	1 114	1 843
Parkwood	778	1 795	1 759	1 846	1 638
Elfindale				3	
Lavender Hill					2 388
11th Avenue Retreat	6 349	5 362	5 483	6 029	5 386
Kalk Bay	94	66	75	66	80
TOTALS	41 537	44 856	47 983	43 729	44 147

POST-NATAL AND FAMILY PLANNING CLINICS

Weekly post-natal sessions are held at 18 of the Child Welfare Centres in conjunction with family planning.

Instruction in family limitation and spacing is given at these sessions where this is deemed advisable for socio-medical or other reasons.

At these sessions each woman receives a routine post-natal examination and any abnormalities found are treated or, if necessary, referred to the gynaecological department of one of the local hospitals.

Routine cytological examination on all women attending these clinics with a view to detecting early malignancy in the female genital tract was commenced in February, 1960. Where atypical cells are discovered the women are referred to a special gynaecology clinic at Groote Schuur Hospital.

Number of cytological examinations (Pap's) 17 723

Number showing cells needing further investigation
and referred to Gynaecology Department, Groote
Schoor Hospital 108

Reports received from Groote Schuur Hospital reveal that early cancer (Ca-in-situ) was detected in 21 cases, and invasive cancer in 1 case. In a number of the remainder investigations are still proceeding.

ATTENDANCES FOR THE YEAR 1974

	INDIVIDUAL	1ST ATTENDANCES	TOTAL ATTENDANCES
White	2 349	1 008	5 276
Coloured	34 247	14 457	79 424
Bantu	6 031	3 236	12 489
	42 627	18 701	97 189
1969	18 371	9 676	80 641
1970	16 855	9 597	79 696
1971	20 000 (Estimated)	10 806	83 349
1972	26 841	12 069	89 809
1973	32 240	14 703	87 445

CONTRACEPTION ANALYSIS

	PILLS	DEPO PROVERA INJECTIONS	INTRO UTERINE DEVICES	OTHERS
White	77 ⁰ / _o	17 ⁰ / _o	5 ⁰ / _o	2 ⁰ / _o
Coloured	52 ⁰ / _o	43 ⁰ / _o	2 ⁰ / _o	3 ⁰ / _o
Bantu	37 ⁰ / _o	61 ⁰ / _o	2 ⁰ / _o	0 ⁰ / _o

The individual attendances at the family planning centres over the year are shown in the following table:—

Centre	1973	1974
Shortmarket Street	744	877
Aspeling Street	1 529	1 827
Salt River	2 091	2 307
Maitland	595	670
Kensington	1 729	1 888
Langa	711	745
Guguletu 1	3 046	3 889
Bokmakierie	2 024	2 646
Silvertown	1 995	2 351
Bonteheuwel	2 400	2 782
Heideveld	1 488	2 425
Manenberg	2 123	2 699
Hanover Park	1 568	2 156
Claremont (Station Road)	932	1 088
Lansdowne	1 585	2 052
Wynberg	2 467	3 163
Parkwood	735	954
11th Avenue, Retreat	2 937	3 412
Factories (Misc.)	1 541	4 163
TOTALS	32 240	42 627

HEIDEVELD FAMILY PLANNING EDUCATION CENTRE

This centre is an innovation. The official opening by His Worship the Mayor of Cape Town took place on 21 January 1974.

Sited at Heideveld in a building which was previously a child welfare clinic building, the centre deals with the training of a wide variety of people in all aspects of family planning.

It provides an interesting example of close co-operation between several authorities. Represented on its management committee meetings which are held monthly are:

- University of Cape Town (Professor of Obstetrics & Gynaecology)
- State Health Department (Western Cape Region Family Planning Officer)
- Cape Provincial Family Planning Organisation
- Day Hospital Family Planning Organisation
- Cape Town City Council Health Department
- Family Planning Association
- Cape Divisional Council Health Department

Because of its State Health affiliations, training is carried out for students from the whole of the Western Cape area.

The diversity of student attendances is shown in the annual report; while yet in its infancy the centre provided training courses for the following:—

- Human science research council
- Trained nurses
- Field workers
- Cytology students
- Pupil midwives
- Medical students
- Public health nurse's meetings and discussions
- Doctors seminars

The following is a summary reflecting the training and activities at the Centre during 1974.

CONTENTS:— PARAGRAPHS

- (1) Training Courses
- (2) Family Planning Educators
- (3) Family Life Education in Coloured Primary Schools
- (4) University of Cape Town Human Reproduction Seminars
- (5) Youth Seminar
- (6) School Nurses Seminar
- (7) Bible College Seminar
- (8) Fieldworkers Meetings
- (9) Family Life Symposium
- (10) Pupil Midwives
- (11) Education and Motivation in Factories in the C.C.C. areas
- (12) Outside Lectures
- (13) Private Midwives meeting
- (14) Medical Students

1. TRAINING COURSES

Courses	No. of Courses	White	Col.	Bantu	Tot.
Registered Nurses	20	64	100	2	166
Cytology	3	20	14	2	36
Fieldworkers	9	4	97	10	111
Housing Managers	2	10	27		37
Social Workers	4	28	34	2	64
Student Health Inspectors	2	53	11		64
Health Inspectors	1	3		1	4
State Health School Nurses		11			11
Senior Fieldworkers Refresher	1		4		4
Nursing Assistants	1		3		3
Human Science Research	1		18		18
Total:	42	193	308	17	518

2. FAMILY PLANNING EDUCATORS

Educator Activity for the first quarter of 1974 is as follows: As from April, 1974, the educators joined the Family Planning section of the Department of State Health.

	Visits	No. of persons interviewed
Family Planning Clinics	31	2 042
Maternal and Child Welfare	8	405
Ante-natal Clinics	21	1 420
Day Hospitals	3	128
Red Cross Hospital	8	466
Total:	71	4 461

3. FAMILY LIFE EDUCATION IN COLOURED PRIMARY SCHOOLS

Boys: 344
Girls: 402

4. UNIVERSITY OF CAPE TOWN HUMAN REPRODUCTION SEMINARS

8 Seminars were held at the Centre arranged by Professor D Davey of the Department of Obstetrics and Gynaecology of the University of Cape Town.

Medical practitioners and senior nursing staff who attended these seminars showed a keen interest and all seminars were well attended.

Total: **202**

5. YOUTH SEMINAR

27 April 1974 — Attendance: 7 school nurses
33 coloured teenage girls
8 coloured teenage boys

Total: **48**

6. SCHOOL NURSES SEMINAR

24 May 1974 — Attendance: 8 Registered Nurses employed by State Health

7. BIBLE COLLEGE SEMINAR

25 May 1974 — Attendance: 10 coloured females
4 white males
15 coloured males

Total: **29**

Lecturer: Sister A Wareham

8. FIELDWORKERS MEETINGS

6 Fieldworkers meetings were held on Friday afternoons

Total Attendance: **144**

9. FAMILY LIFE SYMPOSIUM

A meeting was arranged by Dr Kemp to discuss Family Life Education in schools and was attended by the representatives of the Departments of Education, Coloured Affairs, Community Development and State Health.

Total attendance: **28**

10. PUPIL MIDWIVES

Pupil midwives from Mowbray Maternity Hospital, Groote Schuur Hospital Maternity section and the Peninsula Maternity Hospital, attended the Education Centre for one 4 hourly session. This section includes a practical clinic at the Heideveld Community Health clinic with a medical practitioner in attendance. Lectures on methods of contraception and counselling of the patient are given. In addition the film "Techniques of Contraception" was shown.

Lecturer: Sr. J T Low

Total attendance: **96**

Sessions: **11**

11. EDUCATION AND MOTIVATION IN FACTORIES IN THE C.C.C. AREA

State Health Fieldworkers have carried out a motivation programme in 21 factories, arranged through Mrs Reynecke and the Centre.

12. OUTSIDE LECTURES

1 October 1974 Groote Schuur Hospital, lecture given by Dr Kemp and Sr. J T Low

8.00 — 9.00 a.m. — 4 white ward sisters
diploma course

10.00 — 11.30 a.m.— 12 Coloured sisters

9 October 1974 Vasectomy film shown at the Heideveld Day Hospital (staff)

Total attendance: 1 col. male
15 female

Lecturer: Sr. J T Low

30 October 1974 Peninsula Maternity Hospital

P.M.H. Prize giving — Sr. J T Low was invited by the Principal Matron, Mrs Lee of P.M.H. to present prizes to midwifery students of the current course.

This she accepted.

**1 November 1974 and
8 November 1974**

Peninsula Maternity Hospital
Discussion on Sterilization and follow-up's. Film on Vasectomy was shown.

Attendance: 12 medical practitioners
11 ward sisters & matrons
2 social workers
2 medical reps

Lecturer: Sr. J T Low

Total: 27

13. PRIVATE MIDWIVES MEETING

13 November 1974 Arrangements were made with Mrs Perring, supervisor of private midwives. Film, "The dysmature Child" was shown and family planning was discussed.

Lecturer: Sr. J T Low

Total: 8

14. MEDICAL STUDENTS

The training of fifth year medical students at the Heideveld Community Centre commenced in October.

Family Planning practical sessions are done under the supervision of a Medical practitioner.

Students attend the Education Centre where group discussions are held covering all aspects of family planning, e.g. counselling approach to patients and methods.

Films are also shown e.g. Vasectomy and Insertion of the I.U.C.D.

Total: 35 students have attended from October to December, 1974.

NOTIFICATION OF BIRTHS

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require notification of all births in the municipality to the Medical Officer of Health within twenty-four hours of their occurrence. This information is invaluable to the department for the follow up of all new births.

In addition births must also under the relevant section of the Birhts, Marriages and Deaths Registration Act, as amended, be registered with the Registrar of Births and Deaths at any time within seven days of occurrence by the father of the child or, failing him, some other responsible person present at the time of birth.

During the year, 25 059 births and 480 stillbirths were notified (including births to mothers who were not Cape Town residents) as follows: —

Notified by midwives and nurses (other than extern or intern institutional cases)	6 581
Notified by doctors	9
Notified by institutions (extern or intern)	18 949

There were 962 births notified in Langa Bantu Township and 2 992 in Guguletu Bantu Township.

The births and still births notified as having taken place in the municipality during the year are further classified hereunder:

	Attended	Births	Percentage
(a) In private houses:			
By private doctors		9	0,0
By private midwives			
Certificated		4 874	19,1
Uncertificated		138	0,5
By institutional midwives or student midwives		1 480	5,8
No doctor or midwife		89	0,3
		<u>6 590</u>	<u>25,8</u>
(b) In institutions:			
Public institutions		15 301	59,9
Private Nursing homes		3 648	14,3
		<u>18 949</u>	<u>74,2</u>

3 521 of these births were to non-residents of Cape Town.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital and St. Monica's Home, all institutions which are recognised as training schools for midwives and by the Provincial Administrations Hospitals district midwives.

BIRTHS TO TEENAGE MOTHERS FOR THE YEAR 1974

AGE OF MOTHER

	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
RACE	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg
White				4	2	8	10	28	34	27	97	37	107	31	250	135
Coloured		4	1	24	4	68	47	177	121	423	200	529	340	524	713	1749
Bantu		2		12		28		94	9	155	29	170	49	188	87	649
Asiatic											5	1	7	1	12	2
All Races		6	1	40	6	104	57	299	164	605	331	737	503	744	1062	2535

LEG: Legitimate
Illeg: Illegitimate

Of the total number of births to teenage mothers 70,5 per cent were recorded as illegitimate.

SUPERVISION OF MIDWIVES

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under Section 18(b) of the Public Health (Amendment) Act no. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:—

- (1) 55 private midwives of whome 52 are trained. The 3 untrained midwives have been registered by the S A Nursing Council. No further untrained midwives will be permitted to start practice.
- (2) 33 Provincial district midwives working in the Athlone, Bonteheuwel, Langa, Guguletu, Lansdowne and Retreat areas, where there is much poverty.
- (3) Midwives attached to the training schools doing district work in the vicinity of the training schools and in the districts of Kensington, Claremont, Lansdowne, Manenberg and Heideveld.

In approved indigent cases delivered on district, private midwives are paid by the department for services rendered in those areas not served by the provincial district midwives or midwives from the training schools.

ASSISTED MIDWIFERY

An amount of R451,48 was paid to private midwives during the year. Fees paid to medical practioners called in by midwives to indigent cases with obstetrical emergencies amounted to R10,35

INSPECTIONS

Regular meetings for private midwives are held at the various centres every quarter, at which talks on mid-wifery are given by the departmental medical officers, and inspections of the midwife's records and equip-ment are carried out by the supervisor of midwives. At these sessions the opportunity is taken of encourag-ing the midwives to discuss their problems with the doctors. In addition, regular visits are paid by the supervisor to the homes of the midwives.

The extent of the supervisor's work is indicated by the following figures:—

Midwives interviewed at office	41
Visits paid to midwives in their own home	304
Inspections held	20
Attendances of midwives at inspections	158
Total visits by supervisor	1 374

PUERPERAL FEVER

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Infectious Diseases Hospital where necessary.

One non-White was notified after giving birth to a premature infant. The baby was admitted to hospital but the mother was satisfactorily treated at a day hospital.

OPHTHALMIA

For the purpose of notification, ophthalmia neonatorum is defined as a purulent inflammation of the eyes of an infant occuring within twenty-one days of birth, whether it be due to infection with the gonococcus or not.

Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

50 cases (49 non-White) of ophthalmia neonatorum were notified. With the exception of those cases where contact was lost through transfer of domicile, all cases were known to have recovered.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

Two immunising teams, supervised by a medical officer, public health nurse and an assistant conducted 10 immunising sessions per week throughout the year at clinics, institutions and schools. A postcard is sent to all parents whose infants have reached the age of 3¹/₂ months indicating the seriousness of diphtheria and advising immunisation by a private doctor or by the staff of the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid is used. A booster injection against the selfsame diseases is given one year after the initial course to all infants and further injections against diphtheria and tetanus to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:—

Number of sessions:	
At schools	96
At institutions	51
At child welfare centres	809
	956

Attendances at these sessions are shown in the following table. The shortfall in first attendances of Whites compared with the number of births during the year is regrettable, but many immunisations in this group are carried out by private medical practitioners and there is no official record. In the non-White group, first attendances were 92 per cent of the births notified direct to the department.

AGE GROUP												
	0—1			1—6				School age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	TOTAL
White	2 956	2 783	2 690	106	173	172	2 197	12	5	6	2 365	13 465
Non-White	16 635	15 152	13 788	1 493	1 866	2 079	10 435	164	162	92	17 361	79 227
TOTAL	19 591	17 935	16 478	1 599	2 039	2 251	12 632	176	167	98	19 726	92 692

RACE	Material Used					
	Diph.	D/WC/T.	D/TET.	A.D.F.	Smallpox	TET.
White	3	10 440	3 020	1	2 506	1
Non-White	323	54 205	24 627	3	13 618	69
TOTAL	326	64 645	27 647	4	16 124	70

POLIOMYELITIS IMMUNISATION

Immunisation against poliomyelitis is compulsory throughout the Republic. Since the mass oral live attenuated (Sabin) polio immunisation campaign held in 1961, the distribution of polio vaccine has been continued for all new babies from the age of 3 to 4 months and immigrants and children who have not previously been done. Free immunisation is available at special sessions held weekly in two centres and at all sessions where diphtheria, whooping cough and tetanus immunisation is performed.

The number of municipal immunisation sessions held during the year is shown by the following figures:—

At schools	106
At institutions	49
At child welfare centres	867
	1 022

	0-1 year		1-4 years		Other ages		Total	
	White	Non-W	White	Non-W	White	Non-W	White	Non-W
First dose	3 401	17 072	89	1 239	316	384	3 806	18 695
Second dose	3 263	15 861	91	1 333	104	294	3 458	17 488
Completed course (three doses)	3 160	14 576	129	1 485	321	325	3 610	16 386
Booster after 3 doses	115	193	76	91	2 651	16 808	2 842	17 092

B.C.G. VACCINATION

B.C.G. vaccination of newborn infants has continued. The material used is freeze dried B.C.G. supplied by the State Health Service. Infants born in the Provincial Hospitals and in St. Monica’s home are immunised by the medical staff of those institutions. In the case of infants born on the district, the health visitor at her first visit invites the mother to bring her baby to the local welfare centre where vaccination is done as soon after birth as possible.

Number of B.C.G. vaccinations:—

	White	Non-White	Total
Groote Schuur Hospital		2 700	2 700
Mowbray Maternity Hospital	1 923		1 923
Peninsula Maternity Hospital		2 489	2 489
Somerset Hospital		917	917
St. Monica’s Home		967	967
Municipal child welfare centres	1 889	10 907	12 796
Schools and pre-school children	7	19	26
	3 819	17 999	21 818

SMALLPOX VACCINATION

This is now carried out at Child Welfare Clinics. During the year under review 16 124 (2 506 White and 12 618 non-White) persons were vaccinated.

SCHOOL CLINICS

The ophthalmic sessions for both White and non-White groups are held four times per week at Salt River and three times per week at Bokmakierie.

Specialists are in attendance and a health visitor and a clinic nurse assist in this work.

The work done during the year is shown in the table on page 29 and is further analysed in the following figures:—

	Ophthalmic school clinic		
	White	Non-White	Total
Number of new cases	142	2 091	2 233
Total attendances	716	9 006	9 722
Number of sessions held			325
Children fitted with spectacles	240	2 070	2 310
Part paying	154	1 714	1 868
Free	86	356	442

Monies contributed by part paying children towards the cost of spectacles amounted to R514,75

DAY NURSERIES AND NURSERY SCHOOLS

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families, who could not otherwise maintain a reasonable standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child providing, as they do, proper care in hygienic surroundings, in addition to establishing constructive social and educational backgrounds. Six nursery schools, 3 with creche attached, a nursery school and creche at Langa and 2 nursery schools and creches at Guguletu are maintained by the branch and are supervised by a senior White nursery school teacher.

All private nursery schools and creches must be registered by the State Department of Social Welfare, and with a view to assisting this body, municipal health personnel visit them reporting on the suitability or otherwise of the premises in question.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table:—

	Sessions	New entrants	Av. total on register	Av. attend per session	Total attend
Bokmakierie	211	29	80	55	11 613
Retreat	211	35	80	53	11 253
Bloemhof	211	19	42	38	8 000
Shelley St.	211	29	50	42	8 794
Lieberman	211	16	36	21	4 326
Langa	243	15	80	54	13 072
Guguletu Ny 6	243	7	80	55	13 352
Guguletu Ny 50	243	36	80	52	12 649
Bonteheuwel	211	29	80	55	11 509

All those nursery schools registered for 80 children, cater for 60 children aged 2–6 years and 20 children from 3 months to 2 years.

Infants of tuberculous non-White women are nursed at the City Hospital for infectious diseases where a special nursery has been set up. Non infectious mothers can thus nurse their own children.

PROTECTED INFANTS

Children under 7 years of age who are maintained apart from their parents or close relatives and are living with foster parents have by law to be registered by the foster mother with the Commissioner for Child Welfare of the district. Infant protection visitors who visit and report on these children are appointed by the Commissioner.

In Cape Town the health visitors of the Child Welfare Branch have been nominated to act as infant protection visitors.

The practice of placing children with foster mothers particularly amongst non-Whites is very common in Cape Town. Many of these foster mothers diligently care for their wards but difficulties do arise when payments tend to become irregular or cease altogether owing to the fact that the parents, being unmarried, frequently disappear.

All social problems which might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster mother prove unsuitable, the Commissioner for Child Welfare is informed so that arrangements may be made for the removal of the child to some more suitable person.

The number of protected infants registered in the year was as follows:—

Cape Town Magisterial district	24
Wynberg Magisterial district	56

SOCIAL WELFARE WORK

One social worker is attached to the Branch to assist public health nurses with social problems. She visits each clinic once a week at specific times and interviews can be arranged at the clinics or at head office.

Much of her work is with unmarried mothers and their children and she visits the maternity homes and homes for unmarried mothers in this connection.

The social worker makes private visits as well as to institutions and hospitals and a total of 5 588 visits and 44 interviews were made during the year.

As required by the Immorality Act 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1974, 554 cases (51 White, 335 Coloured and 168 Bantu) were so investigated.

Close co-operation is maintained with the Child Life Protection Society, Afrikaanse Christelike Vrouens Vereniging, Christelike Maatskaplike Raad and other allied welfare organisations as well as State Departments.

HEALTH EDUCATION

B CROWHURST, B.A. (S.S.), DIP. H.ED. (LONDON), M.R.S.H., HEALTH EDUCATION OFFICER

INTRODUCTION

It is an accepted fact that prevention of disease is both better and cheaper than cure, and it is therefore axiomatic that health education should form an integral part of all public health services.

Every contact with the public is a potential teaching situation which should be fully exploited whenever possible by all members of the public health team, whether they be doctors, public health nurses, health inspectors, or full-time health educators. Only through the co-operation of a well-informed and health conscious public, can public health measures be fully effective.

SCHOOLS

Schools are perhaps the most fertile and rewarding field for health education, as it is far easier to alter the health attitudes and subsequent behaviour of children than of adults who have become set in their ways. For example, children can be made aware of the dangers to their health resulting from smoking before they have had a chance to become addicted to the habit.

Accordingly, a full programme of lectures on suitable public health topics was devised, and a circular was sent to school principals advising them of this free service which would be made available to them through the health education branch of the Department. Subjects listed included elementary bacteriology, nutrition, dental hygiene, immunisation, mouth to mouth resuscitation, smoking and lung cancer, drugs, sex education, and accident prevention, all lectures being supported by relevant films and other visual aids.

The response was encouraging and a total of 77 lectures were given at 46 schools catering for all racial groups. Unfortunately, the work in the coloured schools was handicapped during the year by the resignation of the coloured health education lecturer, and also by a directive from the Department of Coloured Affairs that talks and films on sex education would not be permitted in coloured schools.

CHILD WELFARE CLINICS

Daily lectures, film shows, and flannelgraph demonstrations covering a wide range of health subjects and including infant care and feeding, bottle hygiene, accident prevention in the home, and family planning, were given at the clinics by the health education officer, two health education lecturers, community health nurses, and clinic assistants.

All major child welfare clinics catering for the non-White communities have been provided with visual aids in the form of flannelgraphs which are utilised by the nursing personnel to support talks and group discussions with patients attending at the clinics.

HOSPITALS

Regular health talks and film shows utilising locally produced films on the subjects of tuberculosis, family planning and nutrition, were given for both Coloured and Bantu tuberculosis patients at the City Infectious Diseases Hospital, and at the Brooklyn Chest Hospital.

Five sister tutors from Tygerberg Hospital called at the health education branch for advice and assistance in the making of visual aids for use with patients at the hospital.

Six dieticians from Groote Schuur Hospital called at the health education branch for advice and assistance in the making of visual aids on nutrition.

Advice and assistance was also rendered to the sister tutors at the Peninsula Maternity Hospital in training student midwives in the construction of visual aids. The visual aids, which included flipcharts and flannel-graphs, were subsequently used by the nursing staff to support health talks given to patients.

INDUSTRIAL PREMISES

Lunch-hour lecture programs were again arranged with the management of several large factories, hotels and food-handling establishments, and lectures and film shows utilising the daylight screen were given on a variety of health subjects. The lectures, with emphasis on family planning, were given for employees of all races.

BANTU HEALTH EDUCATION

Regular health education talks, film shows and demonstration were given by the Bantu health lecturer for large groups of Bantu patients attending at the Langa and Guguletu child welfare and tuberculosis clinics and at the Langa and Guguletu day hospitals.

Arrangements were made with the superintendent of the Cape Town docks compound for a series of health education film shows and lectures to be given for the Bantu labour force in the evenings. These seminars proved most popular and talks on tuberculosis, nutrition and family planning were given for large groups of dock employees.

VOLUNTARY ORGANIZATIONS

Liaison was maintained with the various voluntary organizations in Cape Town, and evening talks and demonstrations of material utilized in health educational work in Cape Town were given for members of the Cape Town Business and Professional Womens' Club and the Rotary Annes.

As a committee member of the Family Planning Association of the Western Cape, the health education officer attended all meetings of this body which were held throughout the year.

During the year, health education lectures and film shows were given for large groups of women and teenagers at CAFDA and SHAWCO centres and also for several church organizations.

Lectures on the subjects of family planning and immunization, supported by suitable films, were given for the staff of the Blood Transfusion Service.

IN-SERVICE TRAINING

Intensive in-service training in principles and methods of health education and the use of visual aids was given for the Coloured Health Education Lecturer who joined the service on the 1 July 1974.

The health education officer continued to work in close liaison with the staff of the Heideveld Family Planning Training Centre. Throughout the year, weekly lectures on principles and methods of health education and demonstrations of health educational material were given for large groups of nursing personnel, health inspectors, social workers and housing managers attending at the Centre.

GENERAL

Following on a typhoid epidemic which occurred in the Mamre area, hundreds of commuters and food-handlers from the district called at the Health Department to be immunised. Advantage was taken of these visits by the health education officer to detail precautions to be observed to prevent the further spread of this disease. Talks were also given to these people on personal and food hygiene.

Lectures on principles and methods of health education and the construction and use of visual aids were given for the student community health nurses at the Cape College for Advanced Technical Education; at the Athlone Technical College, and also for student nurses at the Nico Malan Nurses' College.

Photographs of the many and varied activities of the Health Department were taken by the Health Education Officer for exhibition purposes and also photographs for inclusion in the Annual Report of the Medical Officer of Health.

A set of 35 mm slides on family planning required by the Maternal & Child Welfare Officer were produced by the Health Education section.

Three new films were purchased during the year on the subjects of venereal disease, immunization, and advancements in public health.

The following statistics reflect the health education lectures given by the health education and nursing staff during the year. These figures do not include the health educational advice and assistance given to individuals by doctors, nursing staff and health inspectors, which aspect also constitutes an important facet of the health educational services of the department.

STATISTICS FOR 1974

VENUES	SUBJECTS	RACIAL GROUPS	TYPE OF AUDIENCE	MEDIA UTILISED	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics	Nutrition, family planning, cervical cytology, tuberculosis food-borne disease, infant care and feeding, immunisation, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour	White	Mothers	films, film-strips,	18	435
		Coloured	Mothers	35 mm slides, flannel-	1 225	68 500
		Bantu	Mothers	graphs & flip-charts	183	7 056
Tuberculosis Clinics	Tuberculosis, nutrition, family planning	Coloured Bantu	TB Out-patients	Films, flannelgraphs	36	12 050
					82	5 985
Hospitals	Nutrition, family planning, tuberculosis, mouth to mouth resuscitation	Coloured Bantu	Nursing staff, patients in wards, out-patients	Films	42 14	3 500 1 490
Community Centres and Clubs	Venereal disease, T.B., smoking & lung cancer, drugs, mouth to mouth resuscitation	White	Adult females	Films, flannelgraphs, slides	10	550
		Coloured	Adults & teenagers		28	3 100
		Bantu	Adults & teenagers		24	1 650
Voluntary Organisations	Family planning, nutrition, venereal diseases	Coloured Bantu	Adult male & females	Films, slides, flannel-graphs & flip-charts	25	3 550
			Adult male & females		12	1 800
Food Premises	Food hygiene, personal hygiene, hygiene, elementary bacteriology	White	Employees engaged in food preparation and handling	Films, filmstrips, flannelgraphs	5	150
		Coloured			10	220
		Bantu			19	375
U.C.T. Medical School	Principles and techniques of health education	White	Medical Students	Flannelgraphs	4	250
Technical Colleges	Principles and techniques of health education	White	Trainee public health nurses & public health inspectors	Films, flannelgraphs and slides	6	105
Nurses' Training College	Health education and public health	Coloured	Trainee nurses	Slides	2	100
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and sex education	White	Scholars at both primary and secondary level	Films, flannelgraphs, slides	29	7 500
		Coloured			28	7 200
		Bantu			20	7 950
Factories	Family planning, sex education venereal diseases, tuberculosis, nutrition, mouth to mouth resuscitation	White	Male & female employees	Films & flannelgraphs	15	3 600
		Coloured	" " "			
		Bantu	" " "			
			" " "			

SECTION IV – DENTAL BRANCH

DR J J VAN DER LEIJ
CHIEF DENTAL OFFICER

This Branch is responsible for the dental care of indigent persons resident in the Cape Town Municipal area. Treatment centres are maintained at Hope Street, Maitland, Lansdowne, Silvertown, Wynberg, Retreat, Langa and Guguletu. Services are also rendered by this branch to the Brooklyn Chest, City and Dr Stals Hospitals. Because of the costly renovations required to render the dental section of the Salt River Clinic satisfactory and the fact that only a few non-infectious tuberculosis patients attended, it was decided to close this clinic in September, the patients being accommodated at the Maitland and Hope Street clinics from then on.

The year under review shows much the same pattern as the previous two years but a drop in the conservative dentistry figures is disappointing. This can be attributed to staff shortages and also to the low standard of oral hygiene which places a priority on extractions. Only intensive dental health with particular emphasis being placed on diet and the use of the toothbrush is likely to improve conditions. Optimum fluoridation of public water supplies has been shown to be both safe and effective in the preventive of caries but a vociferous minority of antagonists continues to campaign against such a measure.

By careful screening, the social worker and her well motivated staff, have excluded many persons who are considered to be in a position to afford private treatment.

REVENUE 1974

Revenue collected at various clinics amount to R28 245,09.

The establishment of the branch as at 31 December 1974:—

- Chief Dental Officer
- Deputy Dental Officer
- Assistant Dental Officer (1 vacancy)
- Senior Dental Nurse
- Senior Dental Mechanic
- 3 Dental Mechanics (1 vacancy)
- 8 Dental Nurses (1 vacancy)
- 3 Clinics Assistants (2 vacancies)
- 1 Social Worker
- 4 Clerical Staff
- 4 Laundresses
- 1 Labourer
- 1 Domestic

The above staff are assisted by 7 part-time dental surgeons, 4 anaesthetists, a specialist orthodontist and dental nurses.

Attendances at various clinics are shown in table.

DENTAL BRANCH — 1974

Centre		Ses- sions	Attendances				Extractions (Persons)		Fillings (Persons)		Examinations and other dental treat†		Dentures Supplied			
			New		Total								W		N-W	
			W	N-W	W	N-W	W	N-W	W	N-W	W	N-W	Full	Par- tial	Full	Par- tial
Hope Street	General: Adults	1 595	737	6 257	2 610	15 382	275	4 172	273	372	2 112	10 972	178	36	886	105
	Children		827	2 406	2 241	4 678	486	2 024	360	118	1 425	2 549		6	15	2
	Mothers (Nursing & expectant)	49		37	5	75	4	72			1	4				
	Pre-school children		7	239	19	487	18	475			1	12				
	School Children	559	62	1 407	540	4 519	77	2 474	401	1 283	72	823				
	TOTAL	2 203	1 633	10 346	5 415	25 141	860	9 217	1 034	1 773	3 611	14 360	178	42	901	107
Maitland	General: Adults	96	20	466	30	768	11	318			19	450				
	Children		56	395	107	665	54	277			53	588				
	Mothers (Nursing & expectant)	46	5	52	5	66	4	63			1	3				
	Pre-school children		11	467	13	585	11	529			2	56				
	School children	107		1 758		2 456		1 974				482				
	TOTAL	249	92	3 138	155	4 540	80	3 161			75	1 379				
Silver- town	General: Adults	142		863		1 431		580				851				
	Children			1 110		2 105		1 021				1 084				
	Mothers (Nursing & expectant)	180		278		376		349		3		24				
	Pre-school children			1 440		1 784		1 744		7		33				
	School children	347		6 678		7 904		6 761		22		1 126				
	TOTAL	669		10 369		13 600		10 455		32		3 118				
Wynberg	Mothers (Nursing & expectant)	51		100		147		134				14				
	Pre-school children			302	1	452	1	417				35				
	School children	157	24	1 472	90	2 234	47	1 563	28	206	15	476				
	TOTAL	208	24	1 874	91	2 833	48	2 114	28	206	15	525				
Retreat	General: Adults	100		729		1 119		368				751				
	Children			555		925		362				563				
	Mothers (Nursing & expectant)	100		267		441		400				39				
	Pre-school children			678		971		902				69				
	School children	132		2 261		2 888		2 320				568				
	TOTAL	332		4 490		6 344		4 354				1 990				
Lans- downe	Mothers (Nursing & expectant)	100	3	198	5	259	4	242	1	1		16				
	Pre-school children		27	838	33	1 154	31	1 022	1	1	1	138				
	School children	169		1 944		2 656		1 954		284		438				
	TOTAL	269	30	2 980	38	4 069	35	3 218	2	286	1	592				
Langa	Adults	22		211		284		277				7				
	Children			33		43		37				6				
	TOTAL	22		244		327		314				13				
Guguletu	General: Adults	153		1 686		2 513		851				1 662				
	Children			1 258		1 982		752				1 230				
	Mothers (Nursing & expectant)	46		132		366		365				1				
	Pre-school children			91		267		264				3				
	TOTAL	199		3 167		5 128		2 232				2 896				
Salt River	T.B. Out Patients Adults	35	1	70	1	191		58			1	137			20	1
	Children			11		11		10				1				
	TOTAL	35	1	81	1	202		68			1	138			20	1
City Hospital	In Patients Adults	4		39		76		37				39				
	Children			9		11		2				9				
	TOTAL	4		48		87		39				48				
	Brooklyn Chest Hospital	In Patients Adults	11		120		192		85			107				
Dr Stal's Sanato- rium	In Patients Adults	6		51		75		71				4				
	Children			42		55		54				1				
	TOTAL	6		93		130		125				5				
Misc. Schools	Children															
TOTAL	Adults		766	11 556	2 656	23 761	298	8 444	274	376	2 134	15 081	178	36	906	106
	Children		1 014	25 394	3 044	38 832	725	26 938	790	1 921	1 569	10 090		6	15	2
	TOTAL	4 207	1 780	36 950	5 700	62 593	1 023	35 382	1 064	2 297	3 703	25 171	178	42	921	108

SECTION V – INFECTIOUS AND OTHER DISEASES

The cases of compulsory notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 116 to 119 classified by race and in:

Table N, in months according to date of notification

Table O, in age and sex groups

Table P, in wards.

Other relevant details of deaths from infectious diseases are contained in Tables A, B and C on pages 101 to 103.

No Cape Town residents were notified as suffering from any of the following notifiable diseases:

Anthrax, Asiatic cholera, erysipelas, glanders, infective encephalitis, insecticidal poisoning, lead poisoning, malaria, Malta fever, plague, rabies, smallpox, trachoma, trypanosomiasis, and yellow fever.

DISTRIBUTION OF CASES BY RACE

	White	Coloured	Bantu	Asiatic	Total
Tuberculosis, pulmonary	42	718	772	6	1 538
Tuberculosis, other forms	6	226	240		472
Typhoid or enteric fever	1	16	2	1	20
Diphtheria		4	1		5
Scarlet fever	3	5			8
Cerebrospinal fever	16	64	10		90
Acute poliomyelitis		1	4		5
Viral Hepatitis	30	71	1	2	104
Puerperal fever		1			1
Whooping cough	13	15	9		37
Tetanus and Tetanus Neonatorum		2	2		4
Leprosy			1		1
Ophthalmia neonatorum	1	46	3		50
TOTAL	112	1 169	1 045	9	2 335

TYPHOID OR ENTERIC FEVER

The number of cases reported in the municipal area, corrected for mis-diagnosis and out of city cases, was 20 (1 White 19 non-White) equivalent to an incidence rate of 0,03 (0,00 White and 0,03 non-White) per 1 000 population.

There were no deaths. During the previous year there were 10 cases and no deaths.

Secondary cases occurred in wards 8, 13 and 15. All cases were admitted to the City Hospital for Infectious Diseases.

In addition to the above a serious outbreak from Mamre occurred in May resulting in large numbers being admitted to the City Hospital with suspected typhoid. Contacts were immunised at special sessions and warning and advice was given to the public over the radio and through the press. Due to the emergency procedures carried out, the outbreak was quickly brought under control. In all, 202 confirmed cases from outside the municipal area were admitted and treated during the year, with 191 cases over the May-June period.

DIPHTHERIA

Diphtheria cases reported during the year, corrected for mis-diagnosis and out of City cases, numbered 5 (all non-White) equivalent to an incidence rate of 0,01 (0,01 non-White) per 1 000 population.

Two cases had been immunised but there was no record of immunisation in the case of the others.

There were 2 deaths. During the previous year there were 6 cases and no deaths.

Three cases were admitted to the City Hospital, one to a general hospital and one case was nursed at home.

In addition to the above 5 cases (all non-White) were admitted to the City Hospital from outside the municipal area. Three of these cases died.

CARRIERS

Four carriers were notified and admitted to hospital for observation and treatment together with a further 2 from outside areas.

Details of the Department's work in immunisation against diphtheria is given in the following table and also on page 40.

YEAR	Number of Notifications			Persons Immunised		
	White	Non-White	All Races	White	Non-White	All Races
1972	3	5	5	8 565	46 998	55 563
1973		3	6	8 017	46 339	54 356
1974		5	5	7 430	43 755	51 185

SCARLET FEVER

Cases of this disease reported during the year, corrected for mis-diagnosis and out of city cases numbered 8 (3 White and 5 non-White) equivalent to an incidence rate of 0,01 (0,01 White and 0,01 non-White) per 1 000 population.

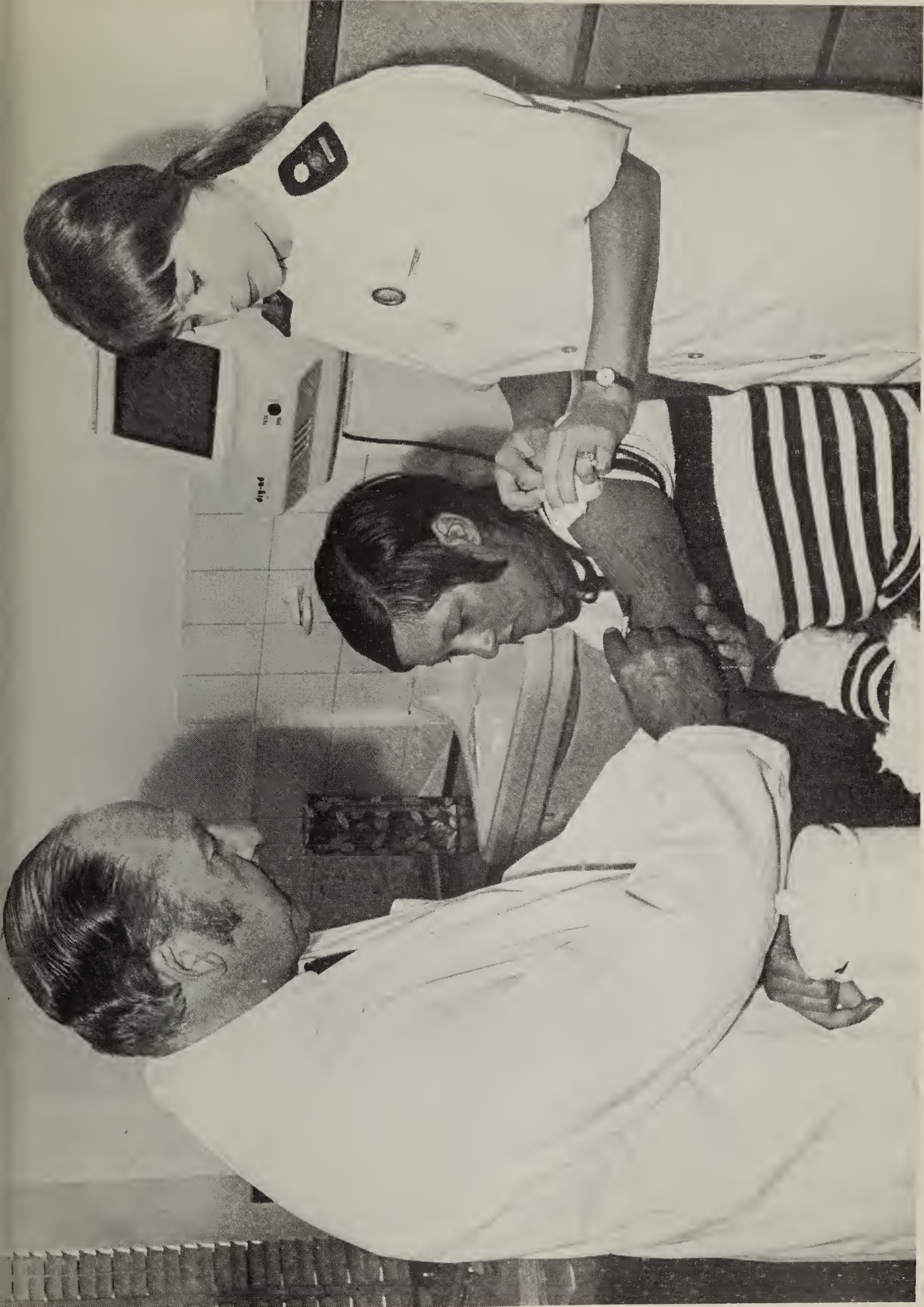
There were no deaths. In the previous year there were 16 cases (7 White and 9 non-White) and no deaths.

In view of satisfactory isolation facilities all cases were nursed at home.

In addition to the above, 2 cases (1 White and 1 non-White) were admitted to the City Hospital from outside areas.

NOTIFICATIONS, DEATHS, INCIDENCE AND DEATH RATES PER 100 000 POPULATION FOR ENTERIC FEVER, DIPHTHERIA AND SCARLET FEVER

YEAR	Enteric fever				Diphtheria				Scarlet fever			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
1970	1	19			1	3			19	5		
1971	1	19		1		6			57	10		
1972	1	16				5		1(2)	32	12		
1973		10			3	3			7	9		
1974	1	19				5		2	3	5		
INCIDENCE AND DEATH RATES PER 100 000 POPULATION												
1970	0,4	4,0			0,4	0,6			8,8	1,0		
1971	0,4	3,8		0,2		1,2			24,2	2,0		
1972	0,4	3,1				1,0		0,4	13,4	2,3		
1973		1,9			1,2	0,6			2,9	1,7		
1974	0,4	3,5				0,9		0,4	1,2	0,9		
AVERAGE												
1956 – 1960	2,6	13,1		0,2	10,1	16,0	0,8	1,0	54,0	4,8	0,1	0,1
1961 – 1965	0,2	3,9		0,2	3,7	7,2	0,3	0,8	26,3	3,1		
1966 – 1970	0,8	3,2		0,1	0,6	2,0		0,1	8,8	1,8		
1969 – 1973	0,2	2,7		0,0	0,3	1,2		0,1	12,4	1,8		
1970 – 1974	0,3	3,3		0,0	0,5	0,9		0,2	10,1	1,6		



Innoculation of a contact during the Mamre typhoid epidemic

CEREBROSPINAL FEVER

During the year under review 90 cases (16 White and 74 non-White) were notified, equivalent to an incidence rate of 0,11 (0,06 White and 0,13 non-White) per 1 000 population.

69 cases were admitted to the City Hospital and 5 to general hospitals. One death occurred.

In addition to the above 61 cases from outside areas were admitted, 60 to the City Hospital and one to a general hospital. Four of these cases died.

ACUTE POLIOMYELITIS

Five cases (all non-White) were treated in the City Hospital, equivalent to an incidence rate of 0,01 (0,01 non-White) per 1 000 population.

There were no deaths. One case was fully and another partly immunised while in the case of the remaining 3 there was no record of immunisation.

In addition to the above 19 cases (all non-White) were admitted to the City Hospital from outside areas.

Information regarding immunisation will be found on page 40.

INFECTIVE ENCEPHALITIS

There were no cases of this disease reported.

NOTIFICATIONS, DEATHS, INCIDENCE AND DEATH RATES PER 100 000 POPULATION FOR CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS AND INFECTIVE ENCEPHALITIS

YEAR	Cerebrospinal fever				Acute poliomyelitis				Infective encephalitis			
	Notification		Deaths		Notification		Deaths		Notification		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
1970	13	48	1	7		3			2	1	2	1
1971	5	47		3		2						
1972	8	50		6	1	10						
				(10)								
1973	5	41	1	4		4				3		2
1974	16	74		1		5						
INCIDENCE AND DEATH RATES PER 100 000 POPULATION												
1970	6,0	10,1	0,5	1,5		0,6			0,9	0,2	0,9	0,2
1971	2,1	9,4		0,6		0,4						
1972	3,3	9,7		1,9	0,4	1,9						
1973	2,1	7,8	0,4	0,8		0,8				0,6		0,4
1974	6,5	13,5		0,2		0,9						
AVERAGE												
1956 – 1960	3,4	6,8	0,5	1,0	16,7	23,0	1,2	1,1	0,7	3,0	0,3	0,9
1961 – 1965	2,2	6,4	0,1	0,7	0,3	2,4			0,4	0,8	0,1	0,6
1966 – 1970	6,0	31,2	0,4	3,0	0,3	1,6	0,1	0,0	0,2	0,5	0,2	0,5
1969 – 1973	3,4	11,3	0,2	1,3	0,1	0,8			0,2	0,3	0,2	0,2
1970 – 1974	4,0	10,1	0,2	1,0	0,1	0,9			0,2	0,2	0,2	0,1

VIRAL HEPATITIS

104 cases (30 White and 74 non-White) were notified, equivalent to an incidence rate of 0,13 (0,12 White and 0,13 non-White) per 1 000 population.

5 cases were admitted to the City Hospital and 7 to general hospitals while the remainder were treated at home. There were 10 deaths (2 White and 8 non-White).

In addition, 6 cases (non-White) were admitted from outside areas, one to the City and the remainder to general hospitals. Five deaths occurred being notified through the death returns.

YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	N-W	W	N-W	W	N-W	W	N-W
1970	44	43	1	3	20,3	9,0	0,5	0,6
1971	68	107		2	28,9	21,4		0,4
1972	80	127	1(2)	1(2)	33,5	24,7	0,8	0,4
1973	48	64	1	5	19,8	12,1	0,4	0,9
1974	30	74	2	8	12,2	13,5	0,8	1,5

LEPROSY

Two cases (both Bantu) were admitted to a general hospital for treatment pending their transfer to the Pretoria Leper Institution. One of the Bantu had definitely contracted the disease from outside the municipal area.

TETANUS

Two cases of tetanus and 2 cases of tetanus neonatorum occurred, one being notified through the death returns. The remainder were discharged from general hospitals after treatment.

MALARIA

One Asiatic male was reported but had definitely contracted the disease while in India. He was discharged from hospital after treatment.

WHOOPING COUGH

Thirty seven cases (13 White and 24 non-White) were notified equivalent to an incidence rate of 0,05 (0,05 White and 0,04 non-White) per 1 000 population. 3 non-White deaths occurred.

In addition 21 cases (9 White and 12 non-White) were admitted to the City Hospital from outside areas. One of these cases died.

The distribution of the 37 city cases according to month of occurrence, wards and age-groups will be found in Tables N to P on pages 116 to 119. Details of whooping cough immunisation at the municipal centres will be found on page 40.

YEAR	WHOOPING COUGH							
	Notifications		Incidence rate per 1 000 population		Deaths		Death rate per 1 000 population	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White
1970	7	22	0,03	0,05		3		0,01
1971	15	17	0,06	0,03		1		0,00
1972	9	15	0,04	0,03		2(3)		0,01
1973	3	19	0,01	0,04		2		0,00
1974	13	24	0,05	0,04		3		0,01
AVERAGE								
1956 – 60	48	162	0,3	0,5		8		0,0
1961 – 65	20	63	0,1	0,2		6		0,0
1966 – 70	6	21	0,0	0,1		2		0,0
1969 – 73	8	16	0,0	0,0		2		0,0
1970 – 74	9	19	0,0	0,0		2		0,0

INFLUENZA AND PNEUMONIA

These diseases are no longer notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with corresponding death rates per 1 000 population, are set out in the following table:

YEAR	Influenza				Bronchitis				Pneumonia (all forms)			
	White		non-White		White		non-White		White		non-White	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1970	1	0,00	5	0,01	50	0,23	114	0,24	39	0,18	361	0,76
1971					45	0,19	107	0,21	44	0,19	321	0,64
1972			1(2)	0,00	34(58)	0,24	50(86)	0,17	29(50)	0,21	207(354)	0,69
1973			6	0,01	21	0,09	53	0,10	83	0,34	419	0,79
1974	4	0,02	13	0,02	6	0,02	33	0,06	84	0,34	429	0,78
AVERAGE												
1956-60	3	0,0	6	0,0	11	0,1	30	0,1	53	0,3	263	0,8
1961-65	3	0,0	5	0,0	16	0,1	41	0,1	49	0,2	272	0,7
1966-70			4	0,0	36	0,2	79	0,2	31	0,1	323	0,7
1969-73			4	0,0	41	0,2	90	0,2	49	0,2	360	0,7
1970-74	1	0,0	5	0,0	36	0,2	79	0,2	60	0,3	377	0,7

The following figures for deaths from bronchitis and pneumonia show the contrast between White and non-White compared with the previous year:—

	1973		1974	
	White	non-White	White	non-White
	4	192	3	212
Under 5 years of age				
0 — 1 year		143	3	156
1 — 2 years	3	35		38
2 — 4 years	1	14		18
All other ages	100	280	87	250
	104	472	90	462

The infant mortality rate per 1 000 live births from these causes for a series of past years is set out in Table K, on pages 112 and 113.

The seasonal character of morality from bronchitis and pneumonia will be found in Table C on page 103.

PUERPERAL FEVER AND OPHTHALMIA NEONATORUM

See Section 111, Maternal and Child Welfare, page 39.

MEASLES

During the year 796 cases were admitted to the City Hospital of whom 317 were from outside the city, 59 from Langa and 121 from Guguletu. In the previous year 724 cases were admitted.

Sixty nine deaths (all non-White) occurred compared with 50 deaths in the previous year.

It should be noted that measles is not a notifiable disease except under certain circumscribed circumstances, so that the figures noted above only refer to those cases brought to the notice of the department through admission to the City Hospital as a result of inability to isolate, bad home conditions or as a result of serious complications supervening.

The foregoing emphasises again the havoc wrought by the complications of this often underestimated disease.

Council have now agreed to the allocation of R10 000 annually for the purchase of measles vaccine doses. A programme was commenced early in February 1974 resulting in the administering of the vaccine to nearly 11 000 children.

YEAR	MEASLES			
	Deaths		Rate per 1 000 population	
	White	non-White	White	non-White
1970	1	43	0,00	0,09
1971		55		0,11
1972	1(2)	19(33)	0,01	0,06
1973	1	49	0,00	0,09
1974		69		0,13
AVERAGE				
1956 – 60	1	18	0,0	0,1
1961 – 65	2	49	0,0	0,1
1966 – 70	1	44	0,0	0,1
1969 – 73	1	47	0,0	0,1
1970 – 74	1	50	0,0	0,1

DIARRHOEAL DISEASES

The deaths registered during the year due to diarrhoea and enteritis numbered 279 as compared with 324 in the previous year.

The corresponding death rates for the City were 0,35 (0,02 White and 0,50 non-White) per 1 000 population.

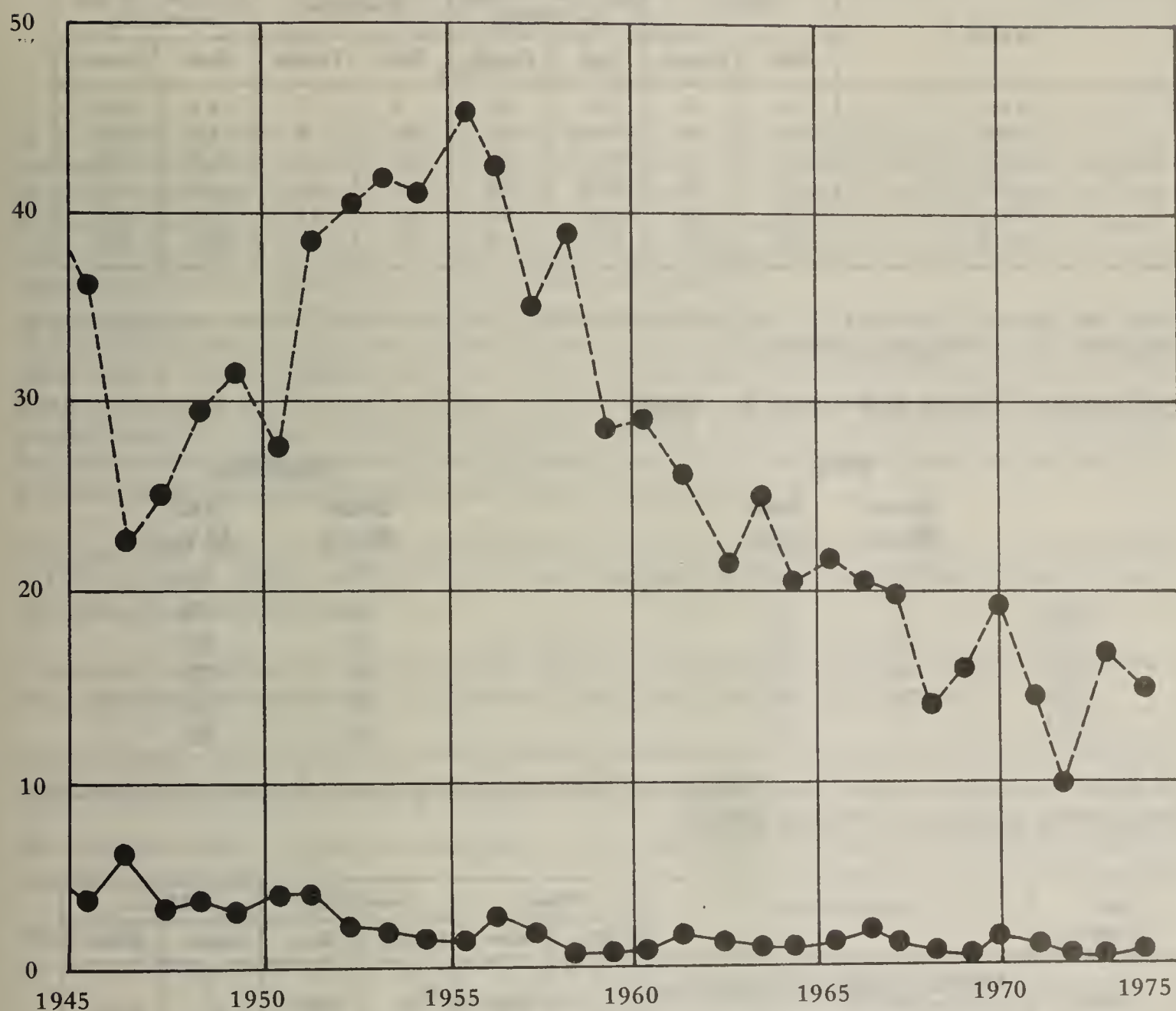
Int. Code No.	Disease	White	non-White	All Races
561	Gastro-enteritis and colitis, including diarrhoea of the newborn	5	268	273
563	Chronic enteritis and ulcerative colitis			
000	Cholera			
004	Dysentery, bacillary		2	2
006	Dysentery, amoebic		2	2
007–9	Dysentery, other forms	1	1	2
	Total	6	273	279
	Diarrhoeal death rate per 1 000 population	0,02	0,50	0,35

Of the 268 non-White deaths from gastro enteritis 124 were from the Bantu Townships, 76 from ward 13, 24 from ward 17 and 18 from ward 9.

95°/o of all deaths were under 5 years of age i.e. 201 under 1 year of age, 41 between 1 and 2 years and 13 between 2 and 4 years.

Infant deaths (0–1 year) from diarrhoea and enteritis for a series of years:

YEAR	DIARRHOEA AND ENTERITIS					
	White		Non-White		All Races	
	Male	Female	Male	Female	Male	Female
1970	4	1	161	173	165	174
1971	3	1	124	123	127	124
1972			58(99)	47(81)	58(99)	47(81)
1973		1	113	102	113	103
1974			102	99	102	99
AVERAGE						
1956 – 60	3	2	210	195	213	197
1961 – 65	3	2	176	155	178	157
1966 – 70	2	2	147	142	149	145
1969 – 73	2	1	130	121	132	121
1970 – 74	1	1	120	108	113	108



Gastro-enteritis.

Infant deaths per 1 000 live births.

White —————

Non-White - - - - -

KWASHIORKOR

Although this syndrome is no longer notifiable, 17 deaths (all non-White) were recorded during the year. This compares with 29 deaths in the previous year.

CANCER

In accordance with the International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year as being due to cancer was 925 (437 White and 488 non-White), compared with 943 (430 White and 513 non-White) in the previous year.

Among Whites there was little change in the various categories from the previous year. In the case of non-Whites apart from an increase in pharyngeal neoplasms, the decrease was general for nearly all causes.

In view of public interest in the causation of lung cancer and its relationship to cigarette smoking, the following figures may be of interest.

Deaths from neoplasms of trachea and lung bronchus:—

YEAR	Whites		Rates per 100 000 population		Non-Whites		Rates per 100 000 population	
	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1	4	2	4,1	2,0
1957	46	6	49,8	5,9	27	5	17,0	3,0
1967	57	7	57,1	6,4	51	8	22,9	3,7
1971	53	17	47,3	13,8	54	10	21,3	4,1
1973	58	23	50,2	18,1	83	13	31,1	5,0
1974	60	22	51,2	17,0	79	16	28,5	5,9

From these figures it is obvious that lung cancer deaths among males is worthy of further consideration and and analysis in so far as ages are concerned.

PERCENTAGE UNDER AND OVER 55 YEARS

	White		Non-White	
	Under 55 yrs. 0/o	Over 55 yrs. 0/o	Under 55 yrs. 0/o	Over 55 yrs. 0/o
1970	15	85	30	70
1971	13	87	37	63
1972	18	82	38	62
1973	24	76	43	57
1974	7	93	35	65

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected.

Int. Code No.	Parts affected	White		Non-White		All Races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140-9	Malignant neoplasm of buccal cavity and pharynx	12	0,05	29	0,05	41	0,05
150	Malignant neoplasm of oesophagus	15	0,06	45	0,08	60	0,08
151	Malignant neoplasm of stomach	33	0,13	66	0,12	99	0,12
152-3	Malignant neoplasm of intestine	38	0,15	13	0,02	51	0,06
154	Malignant neoplasm of rectum	15	0,06	7	0,01	22	0,03
155	Malignant neoplasm of liver	7	0,03	30	0,05	37	0,05
157	Malignant neoplasm of pancreas	22	0,09	10	0,02	32	0,04
	Malignant neoplasm of trachea and bronchus of lung	82	0,33	95	0,17	177	0,22
174	Malignant neoplasm of breast	46	0,19	42	0,08	88	0,11
180	Malignant neoplasm of cervix uteri	9	0,04	22	0,04	31	0,04
183	Malignant neoplasm of ovary	10	0,04	4	0,01	14	0,02
185	Malignant neoplasm of prostrate	15	0,06	10	0,02	25	0,03
188	Malignant neoplasm of bladder	18	0,07	8	0,01	26	0,03
200-9	Neoplasm of lumphatic and haematopoietic tissues	39	0,16	36	0,07	75	0,09
	Malignant neoplasm of other and unspecified sites	76	0,31	71	0,13	147	0,18
	TOTAL	437	1,77	488	0,89	925	1,16

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 4 850 attendances were recorded as follows:—

EXAMINATION CENTRE

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	3 257	2 349	613	295
City Electrical Engineer	717	503	154	60
Town Clerk	779	580	152	47
City Treasurer	69	49	20	
Health	28	22	4	2
	4 850	3 503	943	404

The Department also provides medical attention for Fire Brigade and Traffic personnel.

SECTION VI – TUBERCULOSIS

DR. R.A. SPIRO

TUBERCULOSIS OFFICER

As in the previous years tuberculosis (all forms) remained a major health problem in the City. The total number of local cases reported rose from 1798 in 1973 to 2010 in 1974. Where pulmonary cases are regarded separately 1538 were notified in 1974 as against 1429 showing an increase of 109. There were 369 non-pulmonary cases notified in 1973 as against 471 in 1974 – an increase of 102 notifications. The co-operation in the reporting of non-pulmonary cases between the Day Hospitals and the Hospitals of the Provincial Administration and the Tuberculosis Branch has remained excellent.

The notification ratio of pulmonary tuberculosis per thousand of the population for White, Coloured and Bantu races is 1:9,5:47,8 against 1:7,3:37,2 in 1973. These figures indicate a steady increase of pulmonary tuberculosis among the Coloured and Bantu races. We sincerely hope that with the vast BCG inoculation programme which is being carried out in the City, and with the I.N.H. prophylaxis and better housing facilities which are being provided by the City Council, that the incidence of tuberculosis among the Bantu and Coloured sections of the population will decrease in future years.

The City of Cape Town is served by 8 anti-tuberculosis clinics. The total attendances at the clinics was 78804 in 1974 as against 73853 in 1973. 44% of all new pulmonary notifications were treated at the clinics on a domiciliary or ambulatory basis.

The patient co-operation has been good. Health education particularly among the non-White school children and at the clinics has been carried out by the health educators by lectures and film shows.

As in the previous years the branch activity has been directed mainly towards the early discovery, treatment, BCG immunisation and I.N.H. prophylaxis in the non-White groups.

The local new cases of tuberculosis reported in 1974 corrected for misdiagnosis and imported cases are classified in Table A.

TABLE A

	Lungs		Pleural effusion		Primary complex		Mantoux Under 5 years		Other forms	
	White	Non-W	White	Non-W	White	Non-W	White	Non-W	White	Non-W
City	37	675	3	24		26	2	39	6	235
Langa		310		19		1		11		61
Guguletu		335		16		12		28		170
TOTAL LOCAL CASES	37	1 320	3	59		39	2	78	6	466
Imported infection	4	547		10		9		12		95
Hospitalised from outside the city	33	255	1			1				11
	74	2 122	4	69		49	2	90	6	572

In addition to the 2010 local cases there were 978 cases and infections from outside the municipal area of which 341 pulmonary cases were clinic treated throughout their illness i.e. 39%.

TABLE B

Pulmonary notfications by race

Local cases only

	Notifications		Rate per 1 000 population	
	1973	1974	1973	1974
White	51	42	0,21	0,17
Coloured	655	718	1,53	1,62
Bantu	716	772	7,93	8,13
Asiatic	7	6	0,69	0,57
Non-White	1 378	1 496	2,61	2,72
All races	1 429	1 538	1,85	1,93

Further particulars regarding age-groups and wards of the City will be found in Tables N to P on pages 116 to 119.

TABLE C

Deaths from pulmonary tuberculosis (corrected) and the corresponding death rates were as follows:—

	Deaths		Rate per 1 000 population	
	1973	1974	1973	1974
White	8	5	0,03	0,02
Coloured	132	80	0,31	0,18
Bantu	49	73	0,54	0,77
Asiatic	2	—	0,20	—
Non-White	183	153	0,35	0,28
All races	191	158	0,25	0,20

TABLE D

Notifications and deaths in other forms of tuberculosis

	White		Non-White		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Meninges	6	2	13	14	13	16
Abdominal			2		2	
Bones and joints			18		18	
Glands			389		395	
Genito urinary system			6	1	6	1
Disseminated			21	14	21	14
Other organs			16	1	16	1
TOTAL	6	2	465	30.	471	32

Notifications: Of the 465 non-White cases 226 were Coloured and 239 Bantu.
Deaths: Of the 30 non-White deaths 14 were Coloured and 16 Bantu.

Notifications and deaths of cases of tuberculous meningitis are reflected in the ensuing table.

NOTIFICATIONS AND DEATHS FROM TUBERCULOUS MENINGITIS OVER A SERIES OF YEARS

YEAR	NOTIFICATIONS	DEATHS
1950	152	160
1955	91	55
1960	51	26
1965	28	12
1970	25	5
1971	16	9
1972	18	5(9)
1973	19	11
1974	13	16

TABLE E

The discovery rates for pulmonary tuberculosis and tuberculosis in other forms per 1 000 population for the 5 year period 1970 to 1974 are shown below.

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1970	1971	1972	1973	1974	1970	1971	1972	1973	1974
White	0,31	0,33	0,22	0,21	0,17	0,03	0,03	0,03	0,01	0,02
Coloured	2,07	1,67	1,61	1,53	1,62	0,43	0,44	0,39	0,40	0,51
Bantu	7,75	7,76	7,47	7,93	8,13	1,14	1,78	1,90	2,13	2,53
Asiatic	0,96	0,52	0,02	0,69	0,57	0,21	—	0,10	0,01	—
Non-White	3,07	2,78	2,62	2,61	2,72	0,55	0,68	0,65	0,69	0,85
All races	2,20	1,99	1,86	1,85	1,93	0,39	0,47	0,45	0,48	0,59

DEATHS

The death rates per 1 000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years;—

TABLE F

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1970	1971	1972	1973	1974	1970	1971	1972	1973	1974
White	0,04	0,02	0,05	0,03	0,02	0,01				0,01
Coloured	0,28	0,22	0,26	0,31	0,18	0,02	0,03	0,02	0,04	0,02
Bantu	0,85	0,75	0,92	0,54	0,77	0,09	0,05	0,08	0,01	0,21
Asiatic	0,32	0,10	0,30	0,20						
Non-White	0,38	0,31	0,38	0,35	0,28	0,03	0,03	0,03	0,04	0,05
All races	0,28	0,22	0,27	0,25	0,20	0,02	0,02	0,02	0,02	0,04

The death rates per 1 000 of the population from all forms of tuberculosis (corrected) are shown in the following table;—

TABLE G

				Death rate per 1 000 population		
				White	Non-White	All races
5 YEARS ENDED 31 DEC.,			1955	0,20	1,70	1,09
5 "	"	"	1961	0,16	0,71	0,50
5 "	"	"	1966	0,08	0,49	0,34
5 "	"	"	1971	0,04	0,43	0,30
5 "	"	"	1972	0,04	0,41	0,29
5 "	"	"	1973	0,04	0,40	0,28
5 "	"	"	1974	0,04	0,38	0,26
CALENDER YEAR			1970	0,05	0,41	0,28
"	"	"	1971	0,02	0,35	0,24
"	"	"	1972	0,05	0,41	0,29
"	"	"	1973	0,03	0,38	0,27
"	"	"	1974	0,03	0,33	0,24

ANTI-TUBERCULOSIS CENTRE

TABLE H

	New Consultations		Total Attendances	
	1973	1974	1973	1974
CAPE TOWN:				
White	650	491	2 409	2 253
non-White	1 749	1 460	9 313	8 798
TOTAL	2 399	1 951	11 722	11 051
WYNBERG:				
White	349	314	1 200	1 333
non-White	1 518	961	9 248	7 369
TOTAL	1 867	1 275	10 448	8 702
KENSINGTON:				
non-White	853	784	8 302	5 812
ATHLONE:				
non-White	977	924	5 145	5 819
SILVERTOWN:				
non-White	1 827	1 933	11 648	12 986
LANGA:				
Bantu	1 789	1 707	11 036	11 852
GUGULETU:				
Bantu	2 156	2 308	15 342	16 105
RETREAT:				
non-White	36	1 299	210	6 477
TOTALS:				
White	999	805	3 609	3 586
non-White	10 905	11 376	70 244	75 218
All races	11 904	12 181	73 853	78 804

Number of sessions : Number of sessions:

Cape Town	200
Wynberg	119
Athlone	101
Kensington	109
Silvertown	150
Langa	148
Guguletu	197
Retreat	73
TOTAL	1 097

The primary consultations at the clinics during the year are classified in Table I below:—

TABLE I

Persons attending for first time	White					Non-White					
	Adults		Children		Total	Adults		Children		Total	All races
	M	F	M	F		M	F	M	F		
Notified:											
Accepted	6	6			12	116	93	56	38	303	315
Not accepted											
TOTAL	6	6			12	116	93	56	38	303	315
Contacts:											
Notified				4	4	24	36	110	95	265	269
Non-Tuberculous	83	119	83	63	348	601	1 217	1 135	1 251	4 204	4 552
TOTAL	83	119	83	67	352	625	1 253	1 245	1 346	4 469	4 821
Suspects:											
Notified	19	10	3		32	867	311	159	159	1 496	1 528
Non-Tuberculous	153	174	41	44	412	2 048	1 674	683	700	5 105	5 517
TOTAL	172	184	44	44	444	2 915	1 985	842	859	6 601	7 045
TOTAL	261	309	127	111	808	3 656	3 331	2 143	2 243	11 373	12 181

TABLE J

AMBULATORY INJECTIONS – CLINICS

	1973	1974
CAPE TOWN:		
White	1 091	724
non-White	4 749	2 030
TOTAL	5 840	2 754
WYNBERG:		
White	448	97
non-White	2 852	777
TOTAL	3 300	874
KENSINGTON:		
non-White	3 568	3 790
ATHLONE:		
non-White	3 664	2 297
SILVERTOWN:		
non-White	5 138	4 848
LANGA:		
Bantu	24 362	18 204
GUGULETU:		
Bantu	22 817	21 001
RETREAT:		
non-White	155	3 805
TOTAL:		
White	1 539	821
non-White	67 305	56 752
TOTAL	68 844	57 573

Those cases treated with streptomycin at the clinics on an ambulatory basis resulted in a total of 57573 injections being given during the year. This number of injections represents a decrease of 16,4% over 1973.

Two nurses are employed full-time on domiciliary treatment and in 1974 gave a total of 13894 injections.

MOBILE X RAY UNIT

The mobile 100 mm X-ray units have continued to work to capacity throughout the year and the following gives the comparative figures for the years 1973 – 1974.

1973	White	1 203	non-White	22 123	TOTAL	23 326
1974	White	1 417	non-White	28 131	TOTAL	29 548

SOURCES OF NOTIFICATION

The sources of notifications (all forms) received during the year (including imported infections i.e. those now resident in Cape Town and known to have contracted the disease before arrival), were as follows:–

TABLE K

Private practitioners	257
General hospitals and other institutions	1 450
City Health Department branches	1 120
Other local authorities	161
	2 988

The figure of 2 988 total notifications compares with 2 768 in 1973 and 2 263 in 1972.

The following table gives an arbitrary analysis of all primary notifications showing the degree and reasons for the failure to attend the clinics.

TABLE L

	Cape Town	Imported Infection	Langa	Guguletu	Outside Cape Town	Total
Attended clinic	945	620	348	503	5	2 421
Failed to attend	102	57	54	58	296	567
	1 047	677	402	561	301	2 988
Failure to attend clinics:						
In hospital	62	42	28	36	295	463
Hospital out-patients	11	4				15
Too ill						
Died before notification	5		1	1		7
First advice through death registration	3		2	3		8
Refusals	9	1	1	3		14
Under private care						
Untraceable or decamped on notification	12	10	22	15	1	60
	102	57	54	58	296	567

TABLE M

Period	Total Cape Town cases notified	Bedfast on notification	Percentage of total cases	Dead on notification	Percentage of total cases notified
1972	1 740			12	0,7
1973	1 798	1	0,1	43	2,4
1974	2 010			15	0,7

HOSPITALIZATION

TABLE N

	Urban		Langa	Guguletu	* Outside Cape Town cases
	Local	Imported infection			
New pulmonary cases notified during the year	806	582	341	391	290
Known to have had T.B. positive sputum	287	159	117	127	84
New pulmonary cases admitted to institutions for treatment of tuberculosis	385	240	174	211	285
Proportion of new cases admitted	48 ⁰ / _o	41 ⁰ / _o	51 ⁰ / _o	54 ⁰ / _o	98 ⁰ / _o
Died before receipt of notification	9		3	2	
Died within 6 months of notification	20	9	10	11	17

PULMONARY CASES TREATED BUT NOT ADMITTED TO HOSPITAL

	Local	Imported infection	Langa	Guguletu	* Outside Cape Town cases
Male	218	254	136	95	4
Female	183	83	19	74	—

* Outside Cape Town cases—cases admitted to the City Hospital or other hospitals from outside the municipal area.

A further 203 first positive sputa were obtained from patients notified in previous years.

As will be seen from the above table, 44⁰/_o of all new notifications were treated on a domiciliary or ambulatory basis and this figure does not include those who left hospital before completing treatment and continued treatment as out-patients.

The total number of cases of pulmonary tuberculosis admitted or re-admitted to institutions during the year was 1945 compared with 1624 last year.

These were distributed as follows:—

TABLE O

	White		Non-White		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	41	22	83	524	670
Brooklyn Chest Hospital			1 022	31	1 053
Other institutions (Cape Town cases)			84	138	222

During the year, 2675 contact children received B.C.G. vaccination by the percutaneous method compared with 2032 in 1973.

All those given B.C.G. were negative Mantoux reactors.

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS

The voluntary Care Committee works in close co-operation with the City Health Department. Accommodation for the almoner is provided at the central municipal anti-tuberculosis centre. Her salary and transport allowance is defrayed by the Local Authority.

The number of families assisted by monetary grants was 844.

The work done during the year is as follows:—

Families helped	by payment of rent	103
"	" maintenance grants	379
"	" rent and maintenance grants	85
"	" hospital grants	277
"	" provision of clothing and blankets	60
No. of articles of clothing distributed		223
No. of blankets distributed		30

ALMONER:

Visits paid	710
Interviews given	1 908
New cases	543

The creche which is under control of the Care Committee for Tuberculosis patients accepts the children of tuberculous parents who, although showing no signs of active pulmonary diseases, have been exposed to infection.

These children are kept in healthy surroundings and given health education while the parents are undergoing treatment or when the child's mother is obliged to go out to work to augment the family income because of the father's illness.

The SANTA day creche at Athlone, which is financed and run by the Cape Provincial Tuberculosis Council, provides accommodation for 55 infants and children ranging in age from six months to school going age. The department and the public owe a considerable debt of gratitude to the Cape Province Tuberculosis Council for the preventive work which is being carried on so successfully in this institution.

MASS RADIOGRAPHY SERVICES

The mass X-ray unit situated at Chapel Street functioned efficiently throughout the year. The attendances dropped from 63097 in 1973 to 61766 in 1974 (2,1%). The number of cases discovered suffering from pulmonary tuberculosis was 169 as against 228 in 1973.

Comparative figures for miniature examinations are shown below according to race and sex.

TABLE P

Period	White		Non-White		Total
	Males	Females	Males	Females	
1972	9 551	5 792	28 245	21 761	65 349
1973	8 768	5 254	26 173	22 902	63 097
1974	7 398	4 794	26 482	23 092	61 766

In addition to the 61 766 miniature film examinations made during the year, 761,100 mm. films were taken as compared with 971 in the previous year.

901 of those X-rayed were recalled for further examination. Of this number 169 were found to be suffering from active tuberculosis, compared with 228 in the previous year. This represents 0,3 per cent of the 61 766 miniature films examined.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table.

TABLE Q

Year	Race	Active tuberculosis discovered										Extra municipal cases (included in foregoing)	
		Age-Groups								Total			
		15-24		25-34		35-44		45 +				M	F
M	F	M	F	M	F	M	F						
1973	White	1	1	1	1	2		3	2	7	4		1
	non-White	31	30	33	24	34	9	49	7	147	70	26	19
	All races	32	31	34	25	36	9	52	9	154	74	26	20
1974	White	1		2	1	2		6	1	11	2	1	
	non-White	15	8	38	9	26	6	42	12	121	35	28	5
	All races	16	8	40	10	28	6	48	13	132	37	29	5

Of the 169 cases of pulmonary tuberculosis discovered, 34 were previously known. As in the past many of these new cases denied having any symptoms.

In the year under review, 34 extra-municipal cases of tuberculosis were discovered compared with 46 in the previous year. All were notified and referred to their own local authority for treatment and supervision.

A clinic is also held for those cases diagnosed in the first instance by mass X-ray but which on further radiological and other examinations prove not to be pulmonary tuberculosis. A total of 253 such cases were handled many of whom were sent to the pulmonary units of a general hospital for further investigation and treatment.

LANGA MASS X-RAY

The mass radiography unit at Langa, installed in 1967, is used to examine all Bantu work seekers on arrival in Cape Town.

During the year 24 582 persons were examined as compared with 25 000 in 1973. This represents a decrease of 1,7%. The number of new cases discovered rose by 42,9 per cent.

Particulars shown in the following table indicate the scope of the work:—

TABLE R

	1972	1973	1974
Persons examined	23 694	25 000	24 582
Recalled for further examination	683	1 123	1 188
New cases discovered	253	289	413
Old cases previously known	160	293	188
Particulars of those recalled for further examination.			
Old cases allowed to work under treatment	141	282	185
New cases allowed to work under treatment	106	200	367
Old cases unfit for work	23	11	3
New cases unfit for work	144	89	46
Cases found free of tubercle	255	541	587

Despite the fact that a large number of those X-rayed returned from the homelands for a further contract period in Cape Town the increasing number of new cases notified indicates the large reservoir of pulmonary tuberculosis existing in the Transkei particularly amongst adult working males.

SECTION VII – VENEREAL DISEASE

DR. A.J. WILSON, VENEREAL DISEASE OFFICER

The year under review shows an increase of 935 new cases attending the municipal treatment centres compared with the previous year.

New White cases totalled 549 as against 451 and new non-White cases amounted to 14 558 as against 13 721.

Total attendances numbered 38964 (1 697 White and 37 267 non-White) compared with 36 997 for 1973 and 33 517 for 1972.

New cases of syphilis decreased by 40, an increase of 38 for Whites and a decrease of 78 for non-Whites, while 34 cases of congenital syphilis occurred as against 21 the previous year.

TABLE I

	1973		1974	
	New cases	Incidence rate	New cases	Incidence rate
RACE:				
White	451	1,9	549	2,2
non-White	13 721	26,0	14 558	26,5
SEX:				
Male	10 526	27,5	11 523	29,2
Female	3 646	9,4	3 584	8,9
DISEASES:				
Syphilis	3 963	5,1	3 910	4,9
Syphilis, congenital	21	0,0	34	0,0
Gonorrhoea	8 571	11,1	8 785	11,0
Other Venereal diseases	264	0,3	333	0,4
Non-venereal diseases	1 352		2 041	
Undiagnosed	1		4	
All New Cases	14 172	18,4	15 107	19,0

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 16,4 per 1 000 population (1,8 White and 23,0 non-White). Last year the true incidence rates were 16,6 (1,5 and 23,6 respectively).

As venereal disease is not, except under certain specific circumstances, one of the notifiable infectious diseases, it should be realised that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres and takes no cognisance of persons who might be treated by their family practitioners.

TABLE II

Year	Total new cases *	Population (including Bantu Townships)	Incidence rate per 1 000 population
1940	4 212	322 813	13,1
1950	4 461	424 207	10,5
1955	3 208	490 992	6,5
1960	3 227	519 171	6,2
1965	6 327	610 010	10,4
1970	8 963	694 230	12,9
1971	9 995	735 760	13,6
1972	11 882	752 460	15,8
1973	12 819	770 780	16,6
1974	13 062	790 880	16,4

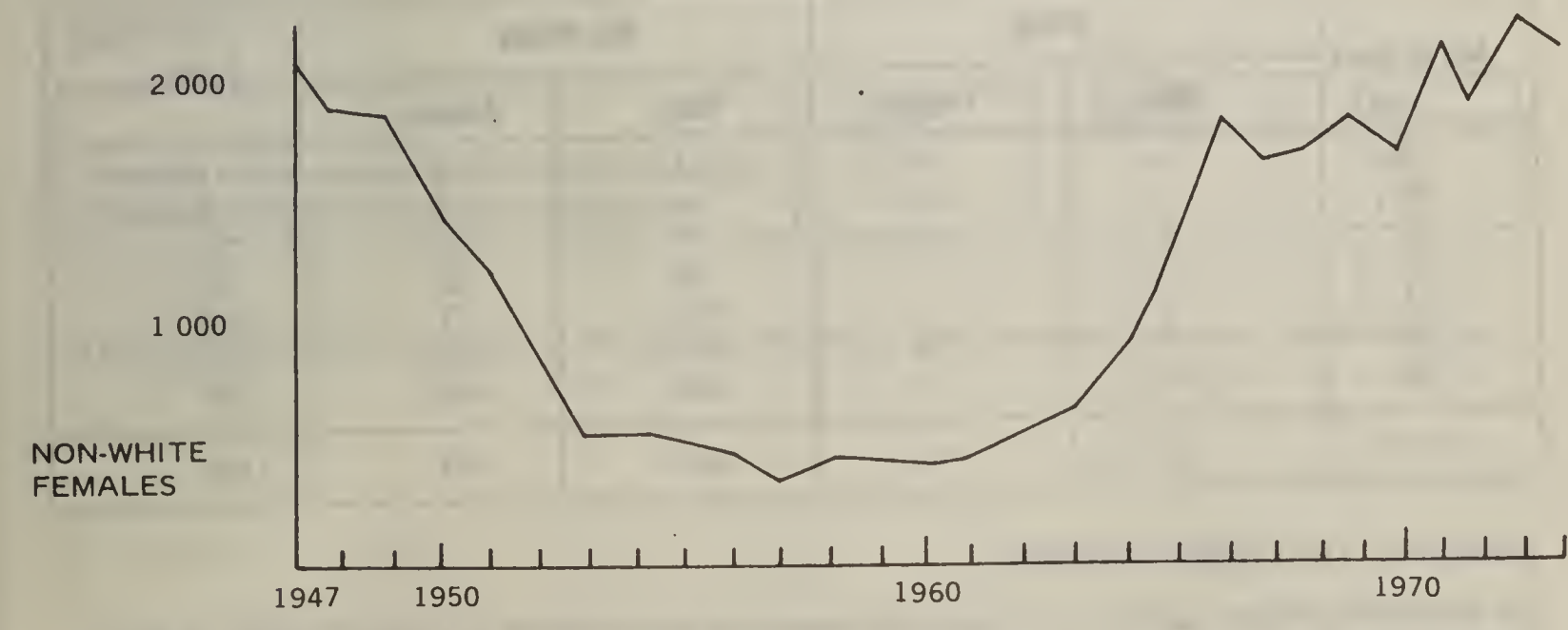
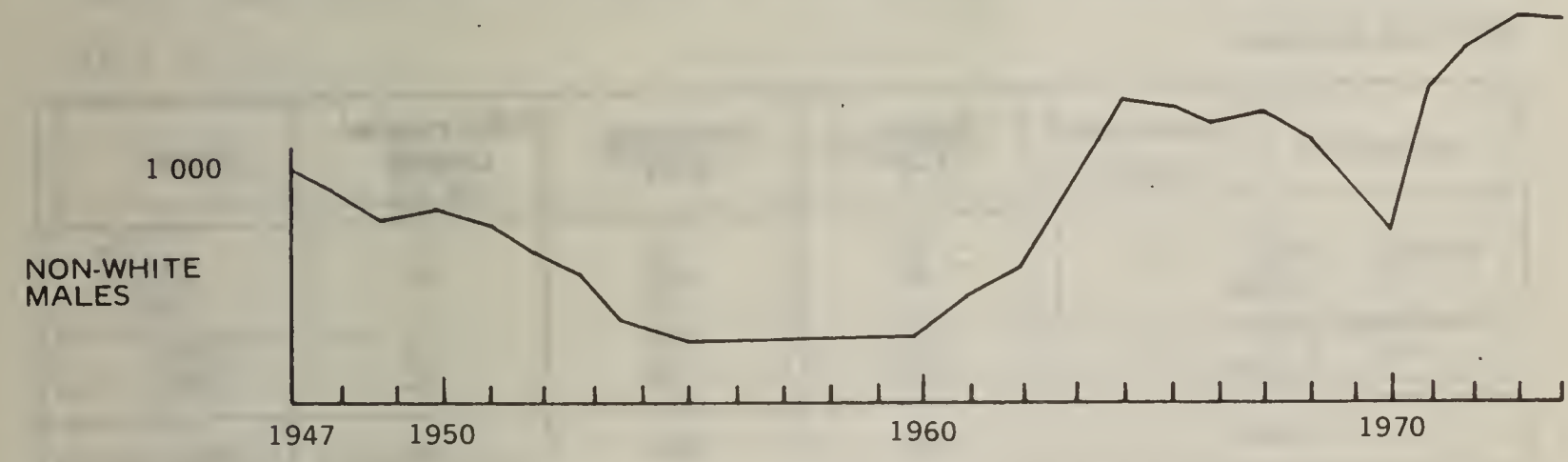
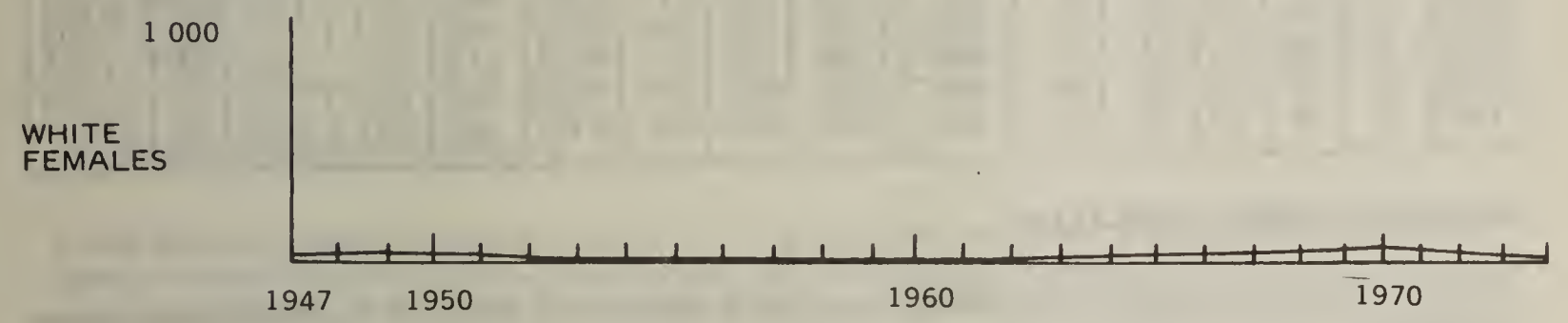
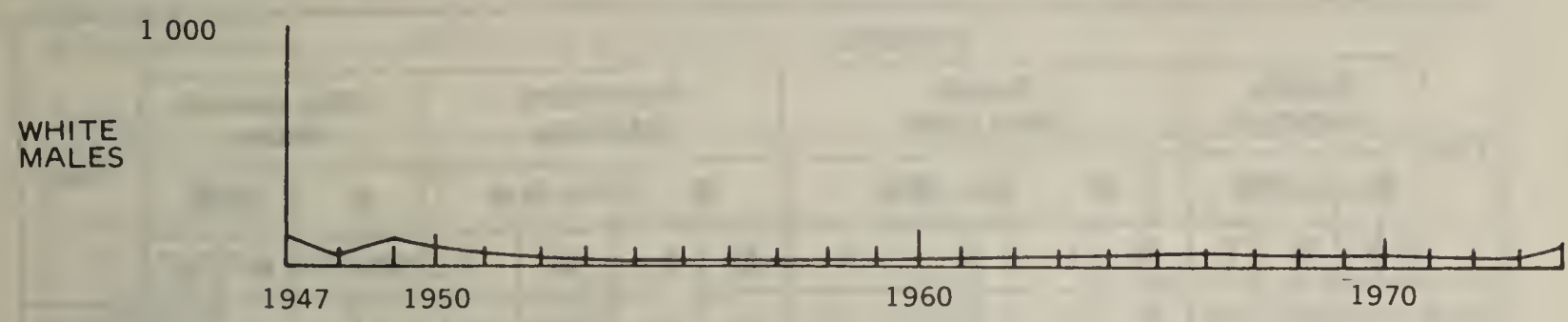
* Excluding non-venereal and undiagnosed cases.

TABLE III.

Diseases	New cases					Total attendances				
	White		non-White		Total	White		non-White		Total
	M	F	M	F		M	F	M	F	
1 Seronegative primary Syphilis	34		446	33	513	144		1 276	114	1 534
2 Seropositive primary Syphilis	30		672	69	771	162		1 777	297	2 236
3 Secondary Syphilis	7	3	214	233	457	45	33	601	1 196	1 875
4 Tertiary Syphilis			19	21	40	1	1	134	90	226
5 Latent Syphilis(1)	24	12	294	1 783	2 113	184	61	1 494	9 171	10 910
6 Neurosyphilis			12	4	16			116	27	143
7 Congenital Syphilis (under 1 year)			7	15	22			53	50	103
8 Congenital Syphilis (over 1 year)			7	5	12	1	1	48	22	72
TOTAL (Syphilitic infections)	95	15	1 671	2 163	3 944	537	96	5 499	10 967	17 099
9 Gonorrhoea	242	30	8 096	397	8 765	487	73	13 501	1 067	15 128
10 Gonococcal vulvovaginitis				4	4				10	10
11 Gonococcal ophthalmia			11	5	16	1			8	9
TOTAL (Gonorrhoeal infections)	242	30	8 107	406	8 785	488	73	13 501	1 085	15 147
12 Ulcos molle			6		6	2		10		12
13 Lymphogranuloma venereum										
14 Granuloma Inguinale										
15 Venereal warts	1	3	62	33	99	6	6	169	148	329
16 Non-specific urethritis	57	3	160	5	225	172	7	366	8	553
16 Reiters syndrome	1		2		3	7		11		18
TOTAL (other venereal diseases)	59	6	230	38	333	187	13	556	156	912
17 Non-venereal	70	31	1 048	892	2 041	175	92	2 556	2 674	5 497
18 Undiagnosed		1	1	2	4	25	11	107	166	309
GRAND TOTAL	466	83	11 057	3 501	15 107	1 412	285	22 219	15 048	38 964

(1) Diagnosed on result of serological test alone.

INCIDENCE OF SYPHILIS



The following table shows the number of new cases of venereal disease attending the centres:

TABLE IV

Year	New cases																Total
	Syphilis congenital				Syphilis other forms				Gonorrhoeal infections				Other venereal diseases				
	W		N-W		W		N-W		W		N-W		W		N-W		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1945	2	11	120	263	93	51	758	1 353	191	31	528	123	8	1	51	7	3 591
1950	5	5	149	338	96	25	809	1 479	167	12	1 141	146	15		61	13	4 461
1955	1		5	45	15	12	290	506	175	12	1 840	90	53	1	111	52	3 208
1960	1		9	6	18	8	291	419	180	4	2 109	144	2		31	5	3 227
1965		2	53	54	62	15	1 251	1 271	221	21	3 028	253	15		50	31	5 327
1970			13	8	57	26	674	1 779	202	17	5 692	382	27	2	64	20	8 963
1971			10	14	56	12	1 264	2 130	165	24	5 672	452	41	1	111	43	9 995
1972	1		15	13	81	18	1 466	1 956	180	27	7 378	513	67	3	124	40	11 882
1973			8	13	57	15	1 604	2 287	193	17	7 905	456	65	7	157	35	12 819
1974			14	20	95	15	1 657	2 143	242	30	8 107	406	59	6	230	38	13 062

INCIDENCE AMONG TEEN-AGERS

The following figures, extracted from Table III, give some indication of the extent of venereal disease among teen-agers.

New Cases, teen-agers

		Syphilis 1-8	Gonorrhoea 9-11	Other venereal Diseases 12-16	Total
White	Males	5	22		27
	Females	3	15		18
Non-White	Males	189	469	5	663
	Females	271	60	13	344
Total		468	566	18	1 052

These new cases are classified by age as follows:—

Age in years	White		Non-White		Total
	Male	Female	Male	Female	
13			3	2	5
14			4	2	6
15	1	2	7	16	26
16	1	1	55	35	92
17	2	1	115	77	195
18	7	8	213	103	331
19	16	6	266	109	397
Total	27	18	663	344	1 052

MUNICIPAL TREATMENT CENTRES

Six municipal treatment centres now function for free advice and treatment of venereal diseases, i.e. at the City Infectious Diseases Hospital, Salt River, Wynberg, Kensington, Guguletu and Silvertown. During the year 21 medical sessions (5 White and 16 non-White) were held each week.

Table V shows the number of new cases (including non-venereal) registered at the various municipal treatment centres, together with the number of attendances or consultations held. It should be noted that male and female sessions for White and non-White are held at the City Hospital and Wynberg centres, male and female sessions for non-White only at Salt River, male and female sessions for non-Whites only at Kensington and female sessions for non-Whites only at Guguletu and Silvertown.

TABLE V

Centre	Sessions	New cases	Attendances
City Hospital, Portswood Road	356	1 645	4 296
Salt River	287	9 153	19 422
Wynberg	291	2 274	6 402
Kensington	50	94	412
Guguletu	49	511	2 060
Silvertown	50	500	2 036
Pre-natal clinics (at child welfare centres)		930	4 336
TOTAL	1 083	15 107	38 964

VENEREAL DISEASES CONTACTS

Where definite information regarding contacts can be supplied, the patient is requested to persuade the contact to attend the clinic with an identification slip provided for the purpose. During the year, 419 such persons responded as shown below. This compares with the figure of 438 the previous year. The number of 13062 new cases registered leaves a balance of unknown reservoirs of infection which is formidable.

TABLE VI

Contact	Total	Syphilis	Gonorrhoea	Other venereal diseases	Non venereal
Husband	16	12	3		1
Wife	179	37	116	2	24
Friend	226	48	146	4	29
Other					
TOTAL	422	97	265	6	54

PATHOLOGICAL EXAMINATION

In order to establish an early diagnosis, microscopic examinations of sores and discharges are carried out at all clinic sessions. The number of such examinations during the year was as follows:—

TABLE VII

	Positive	Negative	Total
Number of dark-ground examinations of Sp. Pall	1 278	4	1 282
Number of smear examinations of gonococci	117	2	119

In addition 7145 blood specimens and 261 smears were sent to the Government laboratory for examination.

SECTION VIII – CITY HOSPITALS

DR. T.J. MALHERBE MEDICAL SUPERINTENDENT

The city group of hospitals consists of the following institutions:—

- (1) The City Hospital for Infectious Disease in Portswood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases off Koeberg Road, Brooklyn.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD

This hospital can provide accommodation for 518 patients. Persons diagnosed as suffering from any of the notifiable infectious diseases are admitted to and isolated in this institution. Cases of other non-notifiable infectious diseases where special medical and social reasons demand it are also admitted to this institution.

Accommodation is also provided for White male and female and non-White female sufferers from pulmonary tuberculosis. The clinical infectious material in this institution is available for the practical training of medical students from the Universities of Cape Town and Stellenbosch. Graduate nurses are also trained in all aspects of infectious disease nursing at the hospital.

The medical staff at the 31 December, 1974 consisted of the Medical Superintendent, Deputy Medical Superintendent and six medical officers.

HOSPITAL STATISTICS

The daily average number of beds occupied in the City Hospital, Portswood Road, and Brooklyn Hospital in the year under report was as follows:—

Disease	From Cape Town Municipality		From outside Municipality	
	White	Non-White	White	Non-White
Measles	0,8	20,8	0,6	14,0
Acute poliomyelitis		0,6		2,4
Cerebrospinal fever	0,4	4,3	0,4	3,5
Diphtheria		0,3	0,1	0,2
Enteric fever	0,1	1,4	0,3	14,5
Scarlet fever			0,0	0,0
Whooping cough	0,5	1,3	0,3	0,6
Tuberculosis, pulmonary	4,8	357,3	6,8	88,2
Tuberculosis, other forms		14,7	1,0	4,9
Leprosy		0,2		
V.D.		0,0		
Viral Hepatitis	0,0	0,1		0,0
Other diseases	0,2	2,4	0,4	9,8
TOTAL	6,8	403,2	9,8	138,2

The average daily number of patients in the hospital was 250.

	White		Non-White		Total
	M	F	M	F	
Patients in hospital 31 December, 1973	6	4	54	167	231
Admitted	100	85	960	1 224	2 369
Discharged	86	82	915	1 170	2 253
Died	8	2	40	48	98
In hospital 31 December, 1974	12	5	59	173	249

AGE GROUPING OF PATIENTS

	Under 5 years	5–14 years	15–24 years	25–44 years	Over 45 years	TOTAL
White	80	28	15	27	45	195
Non-White	1 237	406	289	277	96	2 305
TOTAL	1 317	434	304	304	141	2 500

CLINICAL ROOM AND X-RAY DEPARTMENT

This department is available not only for in-patients but also for out-patients from this and other hospitals, and for cases referred from the tuberculosis clinics.

	White	Non-White	TOTAL
Attendances			
CLINICAL ROOM:			
Surgical consultations	7	161	168
Mantoux tests	27	190	217
Schick tests	19	94	113
Special injections (bronchograms)		1	1
Other injections and examinations	180	925	1 105
X-RAY DEPARTMENT:			
X-Rays	1 403	8 322	9 725
Bronchograms		1	1
Tomograms	4	7	11
Special X-Rays	1	8	9
Dental		49	49
C C C Patients	1	20	21
C D C Patients	18	30	48
C D C X-Rays	20	29	49

OPERATING THEATRE

The operations performed during the year were as follows:—

Bronchoscopy	2
Tracheotomy	14
Bronchogram	1
Sigmoidoscopy	1
	18

DENTAL TREATMENT

The dental officer attends periodically and provides dental attention for tuberculous in-patients.

During the year under report 87 patients attended for dental treatment. Further details are shown in the table on page 48 .

BROOKLYN HOSPITAL FOR CHEST DISEASES

The hospital is situated in Stanberry Street, off Koeberg Road, Ysterplaat within a few hundred yards of Table Bay. The single-storied wards are set in very large lawned grounds and offer a total of 330 beds for the treatment of seriously ill pulmonary tuberculosis patients. Also within the grounds there is a compound for the treatment and isolation of small pox patients and contacts.

There is also a fully equipped laundry which caters for all the domestic laundry as well as that from the City Hospital for Infectious Diseases, Green Point and certain clinics under the control of the City of Cape Town, Health Department. Dispensary services are obtained from the central dispensary at the City Hospital. All 330 beds are reserved for the hospitalisation of non-White patients and are allocated as follows: —

	Males	Females
Medical		
Adult	296	
Paediatric	12	
Surgical (all ages)	11	11

MEDICAL STAFF

The Medical establishment consists of a Medical Superintendent and five Medical Officers. In addition advice and assistance is obtained for bed ridden patients from private specialists for non tuberculous illness of an obscure nature. For those patients capable of travelling, the full facilities offered by the various general hospitals are used in the diagnosis and management of the rarer medical conditions.

The post of Medical Superintendent was occupied by Dr. M.E.E. Popkiss from the beginning of the year until 28 February 1974 and by Dr. H.L. Ackerman from 7 March 1974 until the end of the year.

During the year there were 1 065 admissions and readmissions compared with 835 in 1973—an increase of 27°/o.

Patients treated in Brooklyn Chest Hospital during the year were as follows:

	Males	Females	Total
In Hospital 31 December 1973	304		304
Admitted	1 034	31	1 065
Discharged	945	27	972
Died	85		85
Remaining in Hospital 31 December 1974	308	4	312

The daily average number of in-patients during the year was 308 compared with 299 in the previous year.

EXAMINATIONS AND TREATMENT

	Staff	Patients	Total
Examinations for employment	72	—	72
Sick parade	632	—	632
Mantoux & Fine tests	75	—	75
Aspirations	—	33	33
Special Injections	157	27	184
Lumbar Puncture	—	10	10
Intubations	—	15	15
Paracentesis of abdomen	—	1	1
Blood Sedimentation	2	—	2
Dental Extractions	—	85	85
TAB Injections	75	—	75
	1 013	171	1 184

X-RAY DEPARTMENT

	Skiagrams	Bronchograms	Tomograms	Orthopaedic	Special Examinations
Staff	784		1	48	
In-patients	4 166	31	7	88	36
Out-patients	26		1		
Other Hospitals	39				
	5 015	31	9	136	36

DENTAL TREATMENT FOR T.B. PATIENTS
(Salt River Clinic)

	New Cases	Extractions	Other Treatment	Total Attendances
Adults	71	58	138	192
Children	11	10	1	11
Sessions				35

A further 120 new cases received treatment at the hospital.

OPERATING THEATRE

Three thoracic surgeons are employed on a part-time basis and attend diagnosis sessions twice monthly at the City Hospital and also carry out all thoracic sugery required, During the year 85 major and minor surgical proceedures were carried out in the fully equipped theatre compared with a total of 136 in 1973.

Analysis as to type is given in Table I..

TYPE OF OPERATION	Major	Minor
Thoracic	27	14
Orthopaedic	4	1
Bronchoscopy		29
Gynaecological		1
General	9	
TOTAL	40	45

Deaths for 1974 numbered 85 and are classified as to causes in Table II.

TABLE II

	Coloured Males	Bantu Males
Pulmonary tuberculosis	24	24
Pulmonary tuberculosis — other conditions	10	10
Tuberculosis meningitis	2	3
Non tuberculous pulmonary lesions	2	3
Other non pulmonary conditions	5	2
	43	42

AMBULANCE AND DISINFECTING STATION

This is situated in the grounds of the City Hospital, Portwood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and two vans for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfection station. The disinfection of bedding, etc. for both the hospitals is also done at the disinfecting station. The general ambulance service for the Cape Peninsula is operated by the Town Clerk on behalf of the Cape Provincial Administration.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures:—

Ambulance journeys (return)		Premises disinfected	
To City Hospital	To other hospitals or premises	For Tuberculosis	For other infectious diseases
2 171	946	860	482

2 885 patients were conveyed in the tree departmental ambulances, involving a total distance of 66671 km.

The distance covered during the year by the vans was 131 204 km. and other vehicles 128 612 km.

CLEANSING STATION

(SCABIES AND PEDICULOSIS)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-White assistants. The work consists mainly of the treatment of scabies, pediculosis and impetigo.

The attendances in the year under report were as follows:—

Persons	First attendances					Total attendances				
	Scabies	Impetigo	Body lice	Head lice	Total	Scabies	Impetigo	Body lice	Head lice	Total
CHILDREN UNDER 16 YEARS OF AGE:										
White boys	2			56	58	2			67	69
White girls	4	8		131	143	4	8		165	177
Non-White boys	242	127		38	407	242	138		42	422
Non-White girls	248	156		185	589	250	178		207	635
TOTAL CHILDREN	496	291		410	1 197	498	324		481	1 303
ADULTS:										
White males	3	1			4	3	1			4
White females		1	1	1	3		1	1	1	3
Non-White males	169	11	8		188	169	11	8		188
Non-White females	93	16	5	3	117	93	16	5		177
TOTAL ADULTS	265	29	14	4	312	265	29	14	1	312
TOTAL PERSONS:										
White	9	10	1	188	208	9	10	1	233	253
Non-White	752	310	13	226	1 301	754	343	13	252	1 362
All races	761	320	14	414	1 509	763	353	14	485	1 615

The Cleansing Station only covers the local area of District Six, Woodstock, Salt River and Observatory, but scabies is also treated where necessary at the child welfare centres in other areas.

SECTION IX – ENVIRONMENTAL SANITATION

ESTABLISHMENT

On 31 December 1974 the staff of health inspectors was as follows:—

	Authorised	Actual
Chief Health Inspector	1	1
Senior assistant chief health inspector	1	1
Assistant chief health inspector	1	1
Divisional health inspectors	5	5
Health inspecors (White)	34	31
Health inspectors (Coloured)	6	7
Health inspectors (Bantu)	3	3
Learner health inspectors	8	4
Dairy inspectors	3	3
Plans scrutiny and Pest control inspectors	4	4
	<u>66</u>	<u>60</u>

The staff position showed a gain of 4 White health inspectors during the year. The non-White health inspection staff establishment was increased by one and the post was filled.

Four learner health inspectors were engaged and commenced the National Diploma for Health Inspectors Course.

SCOPE OF WORK

The work carried out by the various sections of the inspectorate branch are set out in the schedules which follow.

DIVISIONAL HEALTH INSPECTORS

Owing to the ribbon development of the city, it became necessary many years ago to divide the municipality for environmental control purposes into 5 divisions, each division falling under the control of a divisional health inspector. Apart from the general environmental responsibility for their district and the junior staff attached to such divisions, they are also responsible for food sampling in their area in terms of the Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972.

The number of free samples that can be examined for the municipality by the Government Chemical Laboratory was fixed at 817 by a directive from the Secretary for Health on 25.10.74. Sampling duty is undertaken by the five divisional inspectors plus eight senior health inspectors with transport allowance. It became necessary to increase the number of sampling officers in view of the increasing volume of work and the added responsibilities of the divisional health inspectors.

The following is a record of the samples taken during the year:—

Name of Samples	No. of Samples	Adulterated	Prosecuted	Warned	Not Guilty	Pending	Fines R
Milk	102	1	1				60
Cream	59						
Mince Meat	144	5	3	2			160
Sausage	197	13	6	5		2	410
Polony	46	1	1				50
Ice Cream	18						
Yoghourt	51						
Fresh Meat	13	1	1				20
Buttermilk	54						
Cheese	93						
Pork	1						
Dripping	9						
Orange juice	23						
Honey	1						
Grapefruit juice	1						
Guava juice	1						
Ham and Tongue	2						
Total	815	21	12	7	.	2	700

Of the two cases pending, one was fined R50 and the other case was withdrawn

50
750

WATER SUPPLY

The following are the main sources of supply:

Voëlvlei Dam	162 739	megalitres
Wemmershoek Dam	58 643	megalitres
Steenbras Dam	34 290	megalitres
5 Reservoirs on Table Mountain	2 377	megalitres

During 1974 the daily consumption varied between a maximum of 565 megalitres during the summer and a minimum of 190 megalitres during the winter. The average daily consumption during the year was 347 megalitres.

Samples of water are taken fortnightly at thirty-two different test points within the water reticulation system of the municipal area.

These samples are submitted to the State Pathological Laboratory for Bacteriological Report, and serve as a double check on the sampling carried out by the Chemical Branch of the City Engineers Department.

Seventeen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.

PLANS SCRUTINY AND PEST CONTROL OFFICERS**PLANS**

The two pest control officers seconded to the Building Survey Branch of the City Engineers Department, scrutinized 4 683 plans and minor works permits during 1974 compared with 4 857 in the previous year.

PEST CONTROL OFFICERS

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 26 Coloured rodent operatives, whose duties involve routine block-baiting with Warfarin and its derivatives for rodent control. In the year under review, 18 943 kg. of bait were laid.

The following schedule details the rodent control work carried out by this section during the year under review.

Inspections by pest control officers	6 542
Inspections re rodents by other inspectors	31
Inspections re mosquitos by other inspectors	754
Visits made to lands and premises by rat-catchers:	
Re rodents	48 741
Re mosquitoes	12 150
Number of notices served by pest control officers:	
Verbal	2
Written	21
Number of rodents caught and destroyed:	
Brown rats	7 024
Black rats	354
Gerbilles	—
Recovered after gassing operation	—

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.



Pest Control operatives carrying out anti mosquito spraying in a local river

The rodents destroyed and recovered are shown in the following table:—

YEAR	Brown Rats	Black Rats	Gerbilles	Total
1972	7 019	261	—	9 337*
1973	7 542	259	42	8 237*
1974	7 024	354	—	7 378

*Including those recovered after gassing operations.

The rapid building expansion that has and is taking place on what used to be wide open spaces is rapidly reducing the Gerbille population and anti-gerbille work is carried out only when and where necessary.

MOSQUITOES

The pest control officers also specialise in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspection. They also institute permanent anti-mosquito measures in the Black River, extending from the Bokmakierie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the operators under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed, including oil treatment of standing water at the sewage disposal works, Athlone.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and storm-water sewers.

These tasks are shared by the district health inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Roads and Drainage staff.

Complaints of cockroach infestation are investigated jointly by the City Engineer's Department and this Department and appropriate action taken according to locality of any infestation discovered.

DISTRICT HEALTH INSPECTORS

The inspections recorded as made by the district health inspectors during the year were as follows:—

Aerated water factories	124
Bakehouses	1 184
Boarding houses and hotels	1 187
Chalets	6 304
Dairy Stables	2 199
Foodshops	26 279
Other shops	9 315
Hawkers	1 997
Horse stables and cattle premises	1 424
House inspections	19 763
Ice cream dealers	794
Infectious diseases	1 103
Markets	2 050
Milk shops	2 042
Bantu vaccinated	28 560
Office interviews	7 500
Open land, beaches	6 220
Places of entertainment	295
Refuse tips	272
Restaurants and cafes	11 070
Schools	158
Smoke and air pollution	292
Streets and lanes	3 577
Vehicles	5 960
Washhouses	428
Other visits	12 951
Total	153 050

PARTICULARS IN CONNECTION WITH VISITS RECORDED IN THE ABOVE INSPECTIONS

Visits to premises where action was taken in connection with rodent infestation	31
Visits at which premises were disinfected	3
Drain tests carried out	45

The notices served by health inspectors during the year under review are enumerated below:—

Verbal notices	238
Formal written notices	1 268
Total proceedings instituted	1 506

Written notices following verbal notices 6

Total notices served	
Verbal notices	240
Formal notices	1 559
TOTAL NOTICES SERVED	1 799

The number of items included in the 1 799 notices were as follows:—

	Drainage	Household	Business	Stable	Other	Total
Ward 1		2	7		2	11
Ward 2	3	21	16		4	44
Ward 3		26	27		5	58
Ward 4	4	76	35		28	143
Ward 5		56	18		6	81
Ward 6		22	54		6	82
Ward 7		7	38		4	49
Ward 8		121	64		17	202
Ward 9	3	67	36		26	132
Ward 10		74	42		21	137
Ward 11		11	10		10	31
Ward 12		1	7		10	18
Ward 13		116	89		77	282
Ward 14	3	38	21		14	76
Ward 15		39	26		20	85
Ward 16	1	33	26	2	51	113
Ward 17	1	54	65		57	177
TOTAL	15	765	581	2	358	1 721

Other defects were dealt with by the inspectors by reports of transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains	417
Defective water fittings	35
Unauthorised structures	60
Undrained premises	23
Structural defects to premises	36
Other defects	48



Examination of tinned foodstuffs for defects

MUNICIPAL WASHHOUSES

There are 5 washhouses in the municipal area namely at Hout St., Mowbray, Salt River, Claremont and Wynberg.

The attendances and takings at the washhouses (including ironing rooms) during the year were as follows:—

	Attendances	Money taken	
		R	c
Hout Street	4 443	596	52
Salt River	4 148	207	76
Mowbray	4 154	665	20
Claremont	7 454	1 159	52
Wynberg	14 951	694	24
	35 150	3 323	24

The attendances and takings at the washhouses show a considerable decrease, a trend that has become apparent over the last few years. This is due to the dying out of the older washerwomen, the increase in flat dwellers who take their laundry to the laundrettes, which are opening up all over the municipal area and the ever increasing number of households with washing machines.

PUBLIC SANITARY CONVENIENCES

This Department has under its control 53 public sanitary conveniences (chalets) sited at convenient points throughout the municipal area, and which are staffed by 145 permanent attendants.

CASES BEFORE THE MAGISTRATES

The following table gives particulars of cases heard by the magistrates during the calendar year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged.

Nature of Offence	Number of Cases						Total Fines R
	Total	Suspended sentence	Fined	Cautioned	Not Guilty	Withdrawn	
Dwelling-house premises in insanitary conditions	9	2	3	1		3	40
Insanitary conditions or other offences at food premises							
Selling foodstuffs in contravention of the Foodstuffs, Cosmetics and Disinfectants Act	21		16			5	850

SCHEDULE OF DEMOLITIONS HOUSING ACT NO. 4 OF 1966
UNDER SECTION 85(1)

Applications for demolition, referred to the Department of Community Development with recommendation for demolition, comprised the following:—

No. of rooms per unit	1974
1	10
2	49
3	88
4	67
5	22
TOTAL	236

UNDER SECTION 85(4)

Demolitions permitted under the authority of the Medical Officer of Health (Delegated Authority by the Cape Town City Council).

No. of rooms per unit	1974
6	13
7	3
8	5
9	—
10	1
11	2
12	—
13	—
Multi-roomed boarding houses and hotels	2
TOTAL	26

SLUMS ACT

During 1974, 34 dwellings comprising one large block was declared a slum by the Slums Court. The demolition of these dwellings and the rehousing of the tennants had not yet begun by the end of the year.

In respect of 4 other properties, the Court, acting in terms of section 15(2) of the Act, rescinded the slums declaration where the buildings had already been demolished and the sites cleared.

TRADING LICENCES

Municipal regulations require the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible committee after receiving a report from the Medical Officer of Health.

	A	B	C	D	E	F
Purveyors of Milk	55	50	5	5		
Milk in Cartons	41	36	5	5		
Milk in Tankers	5	4	1	1		
Slaughterer of Poultry	3	2	1	1		
Electrical Wiring Contractor	24	21	3	3		

- A Applications received
- B Granting of licences recommended (without conditions)
- C Granting of licences recommended (subject to conditions)
- D Number under item 3 later reported as having complied with conditions
- E Refusal of licences recommended
- F Applications withdrawn

REGISTERED TRADES**MATTRESS-MAKERS AND UPHOLSTERERS**

Government regulations regarding mattress-makers and upholsterers (Government Notice No. 1 384 of 1938) prohibit any person from carrying on these trades unless registered annually by the Council.

	A	B	C	D	E	F
Mattress Makers and Upholsterers	26	23	3	3		

The Registration and Licensing of Business Amendment Ordinance, 19 of 1972, to amend the Registration of Business Ordinance 1953, was promulgated on the 9 November, 1972, becoming effective from the 1 January, 1973.

It provides that no person shall carry on a business unless he is in possession of a certificate of registration and licence issued to him in terms of this ordinance.

There are fifty four businesses, trades etc. listed in the Index to the First Schedule and the Council must obtain from its Medical Officer of Health, a report on the suitability from a public health point of view, of the premises where the business is to be carried on and of any premises where goods traded in are to be stored. All applications for certificates are referred by the Town Clerk to the Medical Officer of Health for report and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year.

PERTAINING TO FOOD	A	B	C	D	E	F
Accommodation Establishments	39	28	11	11		
Bakers	20	18	2	2		
Butchers	43	26	16	16	1	
Cafe Keepers	293	147	146	146		
Dairy Farms	195	187	8	8		
Dairy Shops	3	3				
Eating Houses	1	1				
Fish Mongers and Fish Friers	26	16	10	10		
Food Manufacturers	13	11	2	2		
General Dealers	1 311	770	536	536	3	2
Hawkers	1 508	769	738	738	1	
Laundries and Dry Cleaners	13	7	6	6		
Restaurants	21	14	7	7		
Other Food Premises	47	30	15	15	2	
Non Food						
Creches or Nursery Schools	29	18	18	18		
Dealers in Motor Vehicles and Garages	154	102	46	46	4	2
Kennels or Pet Boarding Establishments						
Offensive Trades	2	1	1	1		
Places of Entertainment	51	45	6	6		
Workshops	23	20	3	3		
Other Non Food Premises	552	430	119	119	2	1
TOTAL	4 344	2 643	1 690	1 690	13	5

WHOLESALE MARKET

The Wholesale and Early Morning Market at Epping was designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc. have also been built, and each one of these sections has been designed for extension when the need arises. A fulltime health inspector from the Health Department is responsible for the checking and control of all food-stuffs passing through this market.

The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year.

Fruit:—		Vegetables:—	
	Weight (kg)		Weight (kg)
Pome	15 770	Bulbs	103 865
Drupe	13 540	Flowers	50 320
Citrus	107 540	Leaves and stems	161 860
Vine	960	Roots	39 550
Miscellaneous	26 530	Seed Fruits	382 640
		Tubers	145 280
		Other Foodstuffs	530

BUTCHERS' DELIVERY VEHICLES

The continued enforcement of Regulation 1970 maintains the standard metal type of butchers vehicles in which all carcasses are hung and are clear of the floor. During the year 173 meat delivery vehicles were licenced.

FOOD VENDING MACHINES

The type of commodities dispensed by food vending machines continues to be hot and cold beverages. These machines are mainly sited in licensed food shops.

STABLE PREMISES

The Municipal Regulations empower the Council to prohibit the use for the keeping of animals, of any stable, cowshed, pigstye, kraal, etc., which in its opinion is 'unfit', undesirable or objectionable by reason of its locality, construction or manner of use. The City Council may also restrict the number or manner of use. The City Council may also restrict the number or kind of animal to be kept at any such premises.

Five(5) cases of unsuitable and unauthorised structures which were being used to stable animals, were ordered to be demolished and the animals removed. In all cases the animals were removed and the structures demolished.

MUNICIPAL ABATTOIR

DR A A L ALBERTYN B.V.Sc. F.R.S.H. DIRECTOR OF ABATTOIR

The Municipal Abattoir, situated in Maitland, is controlled by the Town Clerk's Department. The Director and Assistant Director are veterinarians.

In addition to the above, three veterinary officers are employed to carry out meat inspection and other veterinary duties. Posts exist for thirty-five health inspectors who are employed on meat inspection and other hygiene duties.

The abattoir was completed in 1966 at a cost of R3 000 000,00. It is a regional abattoir and provides meat for greater Cape Town and some of the adjoining towns of the Western Cape. Since completion, many improvements have been effected. At present the City Council is negotiating with an abattoir consultant in order to draw up a master plan which will incorporate future extensions and improvements to existing facilities.

At present the maximum daily throughput is 850 cattle, 150 calves, 5 300 sheep and goats and 600 pigs. In addition a few horses are killed. With the exception of pigs and horses all slaughter stock are killed and dressed on conveyor systems.

During 1974 the following animals were slaughtered:—

Cattle	141 923
Calves	11 480
Sheep and goats	899 456
Pigs	138 099
Horses and donkeys	1 564

The value of meat slaughtered, excluding horses and donkeys was R50 036 000,00 for the year 1974. In addition meat valued at R4 620 000,00 was brought into the Municipal area of Cape Town from other centres. This meat was re-inspected by meat inspectors from the abattoir before sale to the public.

Hides and skins to the value of nearly R3 000 000,00 were handled at the abattoir and offal from slaughtered animals realised approximately R2 000 000,00.

Condemned material and blood is rendered by the by-products plant into carcass meal, tallow and blood meal. During 1974 the sale of by-products realised R434 465,00.

A number of final year veterinary students from Onderstepoort saw practice at the abattoir during their vacation as part of their training in veterinary public health and fourth year medical students as well as student health inspectors also received practical training in meat hygiene. Various scientific institutions in and around Cape Town were supplied with organ and other tissue material for research and teaching purposes.

MILK SUPPLIES AND RELATED PRODUCTS

DR D DIXON, SENIOR VETERINARY OFFICER

RAW MILK SUPPLIES

The City's milk shed at the end of 1974 had enlarged and now includes Wynberg, Stellenbosch, Somerset West, Paarl, Caledon, Worcester, Malmesbury, Hopefield and Vredenburg magisterial districts, although only 186 producers were registered, a decline on the previous year. The bulk of these producers are in the Malmesbury and Bellville districts. Some of the producers in the outlying areas, although registered, do not normally send milk to Cape Town, and others supply to adjoining local authorities in addition to the City.

Only 29% of registered producers milk by hand. Of the 122 conventional sheds in use 39 have a bucket type mechanical milking system while 26 use a milk pipeline method.

Thirteen new parlours commenced production during the year, bringing the total to 69 (37%). Of these the herringbone parlour (43,5%) was the most popular; then coming the sidegate tandem parlour (39,2%) followed by the abreast (15,9%) and the tandem walk-through (1,4%) types.

Some 177 (95%) have one or more bulk tanks installed on their farms, totalling 257 with a capacity of 595 395 litres. Two hundred and seventeen of these tanks are refrigerated by means of chilled water while the remainder are cooled by direct expansion.

The average daily production per registered producer was 1 776 litres. An estimated 26 992 number of cows were in production at a time. Seventy nine producers milked three times a day, the balance twice daily.

Raw farm milk is collected by insulated road tankers and delivered for processing to the three pasteurising plants in or on the periphery of the City. From here the milk is distributed to milk shops and depots throughout the Peninsula for home delivery and sale over the counter. Supermarkets, tea rooms and general dealers are precluded from selling milk in glass bottles and only milk in non-returnable containers may be sold by them.

A considerable quantity of milk and milk products, produced and processed under the control and supervision of this Department, is sold in the adjoining local authorities of the Peninsula.

Due to the long drought and a scarcity of lucerne and hay, milk production dropped in the early part of this year and a temporary shortage occurred. The supply was augmented by raw milk imported from Port Elizabeth during this period.

The drought broke in the middle of the year and heavy rains fell over the entire milk shed.

Due to a rise in the water table the supply to farm dairies is satisfactory. Of all supplies 81,1% are of bore-hole origin. Of the remainder 18,3% are supplied by local authorities and the rest being only 0,6% rely on springs or fountains.

Classification of registered producers on a daily production basis and related information.

<u>Period</u>	<u>No. of Registered Producers</u>	<u>Average Daily Production</u>	<u>Average Daily Intake at Cape Town</u>
1974	186	1 776 litres	330 396 litres
1973	189	2 046	352 585
1972	197	1 788	352 361
1971	201	1 870	375 908
1970	208	1 619	336 931
1969	220	1 614	355 166

ANIMAL DISEASES

The incidence of mastitis confirmed by unsatisfactory samples examined remains much the same. Mastitis due to *Streptococcus Agalactiae* was confirmed in 15,76% of samples with a high cell count.

The Tuberculosis Eradication Scheme conducted by the Division of Veterinary Services of the Agricultural Technical Services in the Western Cape was actively pursued during the year under review. Higher compensation is now being paid and this may well influence farmers reluctant to join the scheme.

A total of 394 infected dairy animals were slaughtered at the Maitland, Paarl and Stellenbosch abattoirs.

In the milk shed there were 77 T.B. accredited herds and 27 interim herds at the end of the year. Approximately 56% of all producers are now members of the scheme.

There has been no major outbreak of disease amongst cattle during the year. After the outbreak of chlamydiosis in 1973 a vaccine was developed at Onderstepoort and this is now in use.

MILK AGGREGATE

As advised by the Milk Board the average daily production of fresh milk from registered producers was 330 394 litres of which 91% was absorbed by the fresh milk trade. The balance was directed to industrial use, including the manufacture of cheese, powdered milk, condensed milk and butter. Approximately 3,5% of total milk produced was sent to other centres.

During the months of March, April and May 246 987 litres of raw milk were introduced from registered producers in the Port Elizabeth area.

STAFF

The Milk Control Branch comprises the Senior Veterinary Officer, two full-time rural dairy inspectors and a full-time dairy inspector detailed for City duty. A laboratory assistant is responsible for testing of milk and milk products and the keeping of records. The inspectorate staff is guided to a large extent by these laboratory results.

During the year the following work was carried out:—

Total number of farm dairy inspections	2 177
Number of farms where structural improvements were carried out	102
Number of herd inspections	280
Investigations on farms in connection with the unsatisfactory bacteriological control of milk	174
Investigations on farms in connection with the incidence of mastitis	81
Recording of temperatures of mechanically cooled milk	728
Number of unsatisfactory temperatures encountered	4
Number of visits to pasteurising plants	1 081
Number of visits to ice cream plants	443



Typical source of Cape Town Milk supply

LABORATORY CONTROL

RAW MILK

Bulked herd milk and road tanker supplies were regularly sampled on farms and at receiving depots and tested with the following results:

(a) Bulked Herd Milk (Individual Producers Milk)

Test	No. of Samples Tested	% Satisfactory
Plate Count	937	77,1
B. coli (,001 ml)	912	61,1
Inhibitory Substances	145	94,5
Brucellosis (Ring Test)	95	46,3
Leucocyte Cell Count	940	75,0

(b) Road Tanker Milk

Test	No. of Samples Tested	% Satisfactory
Plate Count	224	80,4
B. coli (,001 ml)	17	29,4
Inhibitory Substances	81	85,2
Leucocyte Cell Count	198	78,8

Wherever possible, unsatisfactory results were followed up by visiting and inspections and producers advised on remedial measures.

After the heavy rains experienced in the middle of the year it was found that pasteurising plants were experiencing unsatisfactory total counts. This was attributed to large numbers of thermoduric bacteria in the raw milk, which reached the plants. A laboratory pasteurisation test was introduced and the unsatisfactory counts were immediately followed up.

(c) Thermoduric Counts

Test	No. of Samples Tested	% Satisfactory
Bulked Herd Milk	149	50,3
Road Tanker Milk	34	64,1

The hygiene, cleaning and sterilisation of road tankers was regularly checked by visual inspection and bacteriological examination of swabs.

A total of 81 swabs were thus examined of which 12,3% proved to be unsatisfactory.

One pasteurisation plant provided a new inplace cleaning plant for road tankers.

PASTEURISED MILK

At the end of the period under review three pasteurising plants were licensed to process milk and cream and the various cultured milk products. No sterilised full cream milk was processed. A small factory which manufactured flavoured skim milk ceased production.

A third of the total amount of fresh milk handled was filled into litre and half litre plastic bottles for sale at cafe and supermarket outlets.

The temperature of pasteurised milk immediately after processing was checked on 70 occasions and found to be satisfactory.

A litre or half litre bottle of milk was obtained from each plant every week day and the following tests were carried out:

Test	No. of Samples	No. Unsatisfactory	% Satisfactory
Plate Count	1 234	63	94,9
Phosphatase Test	1 106	16	98,6
Presumptive Coliform Test	1 287	467	63,7
Coliform Plate Count	1 292	208	80,8
E. coli Type 1 (Faecal)	41	0	100

Samples of milk for school feeding schemes were taken from time to time, of which two proved to be unsatisfactory.

PASTEURISED CREAM

This product was regularly sampled and submitted to the following tests:

Test	No. of Samples	No. Unsatisfactory	% Satisfactory
Plate Count	219	3	98,6
Phosphatase Test	191	2	98,9
Presumptive Coliform Test	225	113	49,8

Artificial cream, containing a vegetable fat was manufactured by two companies. Regular bacteriological tests on these products proved 84,6% satisfactory.

ICE CREAM

Ice cream, sorbet, soft dairy mix and water ices were manufactured by six factories and one restaurant. During the course of the year one manufacturer closed down his existing factory and moved into new premises, reputed to be one of the most modern in the country.

One factory which was only manufacturing water ices extended its premises to incorporate the manufacture of ice cream, and another factory closed down.

Any batches of ice cream introduced into the city from subsidiary or sister companies situated elsewhere had to be cleared bacteriologically by this Department before release for distribution and sale. Supplies were received from Boksburg and Port Elizabeth.

One manufacturer has ceased producing soft dairy mix locally, and has introduced a sterile product while another firm intends introducing an ultra heat treated mix during the course of 1975. Both products should help considerably in the control by this Department of the bacteriological standard of soft dairy mix dispensed by freezing machines in tea rooms and restaurants.

The following tests of ice cream and related products were carried out:—

Test	No. of Tests	No. Unsatisfactory	% Satisfactory
Plate Count	534	28	94,8
E. coli Type 1 (Faecal)	534	4	99,3

The presumptive coliform test is also carried out in order to exert stricter hygienic control over the factories.

VI-TESTS

Vi-tests were carried out on 266 individuals who were to be employed in milk and ice cream plants. Two of these were positive, and taken off food handling.

HOUSING

The greater part of the Cape Town municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups owing to the high building costs of erecting such dwellings and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburbs for such development are the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz, the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them.

There remains also the lowest sub-sub-economic group of the population who are a social welfare problem and cannot be provided for through municipal housing.

These housing conditions are of long standing, and have been the subject of repeated consideration by the Council, its committees and officers.

The Council is erecting houses departmentally as well as by contract. The building units function with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission.

With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another it is very necessary that additional housing for the non-White section be constructed each year. It is difficult to formulate any figure but it is estimated that at least 4 000 units alone must be erected so as to make any impression on the present overcrowding that exists.

In the preparation of the new Manenberg scheme (an extension of Heideveld), the Council was originally faced with a demand for a 100 per cent allocation of the houses for State population regrouping purposes. To minimise urban sprawl, it had been anticipated that high density flat construction would be utilised in areas such as 'District Six', but the Council has had to abandon that scheme and is now faced with the problem of providing such accommodation elsewhere in the city.

Cape Town's topography has been the reason for siting the major municipal housing scheme at Athlone, about 13 km from the City centre.

The dwellings completed by the City Council in the year under review were as follows:—

	Economic	No. of Houses	Sub-economic
Whites (Home Ownership)		46	
Non-Whites (Home Ownership)		112	
Bonteheuvel	118		
Lavendar Hill	250		184
Malay Restoration Area	6		
Ottery	23		
Diep River			40
	397	158	224

This represents a total of 779 dwellings.

CONVERSIONS

During the year 64 dwellings (for non-Whites) were converted from sub-economic to economic lettings. These conversions became necessary due to the general increase in wages.

The dwellings completed and under the control of the Housing Branch, after taking into account conversions, dwellings sold or demolished and excluding the Bantu Townships, bring the revised figures up to 1974 to the following:

	White	Non-White	Total
Within Cape Town			
Municipal Area	878	36 392	37 270

Dwellings used to accommodate caretakers or for other specific purposes, such as clinics, have not been included in the above figures.

In addition one block of 36 flatlets at Wynberg was constructed by the Citizens Housing League.

BANTU HOUSING

One block of single quarters for 50 Bantu was erected at Langa.

The following further information furnished by the Director of Housing is of interest: —

RENTED DWELLINGS

552 dwellings were completed for Coloured families during 1974, 360 being economic and 192 sub-economic. In addition to this 6 dwellings were restored in the Malay Restoration Area and 64 dwellings were converted to single occupancy from dual-occupancy.

During the year 23 economic rented flats were built in Ottery for White families and 40 sub-economic dwellings in Diep River were converted for occupation by Whites.

APPLICATIONS

The application list for Coloured families increased by 2 136 while that for Whites decreased by 46.

Of the total of 13 551 Coloured applicants, 82% qualify for economic rented accommodation but only 20% of the Whites require this.

ALLOCATIONS

A total of 1 007 families from the waiting list were housed during the year — 245 in new dwellings and 762 in vacancies. In addition to this 285 families were resettled by the Department of Community Development. 157 families were transferred to new dwellings and 642 to vacancies.

HOME-OWNERSHIP DWELLINGS

112 dwellings were constructed for Coloured families in 1974 — 109 in Groenvlei and 3 in Lavender Hill. 50% of these dwellings were allocated to the Department of Community Development for Group Areas resettlement.

46 dwellings were constructed for Whites in Sanddrift.

COMMUNITY CENTRES

Three new Community Centres were constructed in 1974 — one in Hanover Park and two in Manenberg. The centres which are hired to private persons as well as clubs in the evenings are always fully booked.

AIR POLLUTION

B D OXLEY : AIR POLLUTION CONTROL OFFICER

Over four hundred registered premises are operating 785 fuel burning appliances. These figures do not include Scheduled Processes or dwellings.

Fifty-five sets of plans and specifications were scrutinised and eventually approved during the year.

Scheduled Processes registered in terms of Part 11 of the Atmospheric Pollution Prevention Act No. 45 of 1965, as amended, include chemical and metallurgical works, power stations, gasworks, refineries and quarries. There are sufficient premises, involving a large amount of supervision, to justify the appointment of a local Inspector to administer these on behalf of the Chief Air Pollution Control Officer. The problem is that staff of the calibre required are not readily available. As soon as a suitable incumbent is appointed, he will be permanently based in the Cape. An acceleration in the control of emissions from these Scheduled Processes could then be expected.

COMPLAINTS

One hundred and one complaints were investigated during the year. These ranged from sawdust nuisance to 'foul choking fumes' and damage to vegetation. While many of these were of a simple nature and were quickly remedied, others were more difficult and required extensive investigation:-

- (1) A residential estate close to an industrial area suffered a noxious odour which was traced to a particular factory. The plant was equipped with good fume control machinery, but a minor change in the process rendered a certain constituent in the fume uncontrollable. Modifications at considerable cost were necessary to rectify the matter.
- (2) As a result of the fuel crisis and the lower vehicle speeds, some motorists felt that their engines carboned up more quickly. A certain garage offered rapid decoke by adding a compound to the fuel and carburettor. This resulted in volumes of acrid smoke being emitted and the practice was stopped.
- (3) A factory spraying enamel paint onto their manufactured product was permitting the paint to reach the atmosphere, covering a large area. A new process which used powdered paint was installed, and any escape of this powder is now caught in filter bags and re-used.
- (4) Sawdust is, in the main, a waste product and there is an abundance of it in Cape Town. It is not allowed to be dumped on the Municipal tips and the market for its use cannot consume all that is available. Transferring this material from collecting hopper to vehicle, particularly in a South-Easter, often results in clouds of air-borne dust. The finer the dust is, the greater the area affected and the greater the nuisance caused.
- (5) Another process refining a product resulted in air-borne dust discharged in the flue gases of the furnace. The remedy applied by the firm concerned was to turn the chimney over and bring it back into the factory. In addition, several points in the process released clouds of dust and the atmosphere in the factory was unbelievable. A sneeze would bring showers of dust from the roof timbers, and plant vibration maintained a heavily dust-laden atmosphere. Suction ducts and a filter bag system with an external exhaust has rendered the factory and the neighbourhood clean and pleasant.

- (6) **Bitumen fumes from mobile tar boilers.** The problem here is that tar and bitumen cool and solidify so fast that the material has to be heated on site and moved quickly to where it is needed. The heating of the material is easy to control, but fumes from the heated bitumen are a different matter. The hotter it becomes, the more fume is given off. Therefore, it helps to work at a minimum temperature and keep the vessels as tightly closed as possible. If a large area is to be tarred, a serious nuisance can be caused.

BURNING OF WASTE MATERIAL

Trade waste, garden refuse, etc, remains a problem. Despite frequent publicity, many people are still ignorant of the regulations forbidding the practice of burning as a means of disposal. The policy of warning for a first offence is practised, and in twenty-three cases, written notices were issued to discontinue such burning. This course of action appears to work in that no prosecutions were necessary.

INCINERATORS

Seven unofficial incinerators were discovered and shut down.

One model — new to the country, was allowed in the area to demonstrate its capabilities with a view to being added to the approved list. It failed miserably; had to be considerably modified and markedly restricted regarding permissible material for burning. As a result, the organization concerned has had to order a further incinerator of an approved type to burn all the other refuse.

VISIBLE POLLUTION

On eighty-two days of the year smogs accumulated in the City or on the Foreshore, or both. In the first three months of the year, the smogs in the City could largely be attributed to the Table Bay Power Station, and those on the Foreshore to the S.A.R. & H. — ships, locomotives and standing appliances.

The contribution made by the power station diminished during the winter due to the fact that when a north-west wind, however light, is blowing, the plume rises and disperses over Salt River. The smoke originating at or near ground level does not possess enough thermal or mechanical energy to rise high enough and thus accumulates at ground level.

When the summer period arrived, the power station was shut down as promised. Two things immediately became apparent:—

- (1) The low-level smogs collected on the Foreshore under negligible or light south-east wind conditions overnight. At 8 a.m. the City may have been crystal clear, but as the air temperature over the City rose as a result of density of people, heat from motor vehicles, and ground temperature increase due to the sun, the smog drifted into the City and took a long time to disperse.
- (2) Salt River Power Station had to cope with a greater load — often using the older boilers with less efficient grit collection and shorter chimneys. The dust and grit levels in Paarden Eiland thus increased greatly.

In other words, we exchanged a City smog problem for a dust problem in Paarden Eiland.

The exercise did prove that the incidence of smog in the City may have been lessened, but it re-affirmed the view that S.A.R. & H. are still the major contributors to low-level smogs.

PROSECUTIONS

It remains the policy of this Department to avoid legal action if at all possible. In the main, we receive the necessary co-operation from offenders, but occasionally it is essential to proceed with prosecution. Several pending cases have been withdrawn at the last minute because the offender had satisfied necessary requirements.

Only one case was taken to court and the offender was found guilty and fined R50,00.

S.A.R. & H.

It may be said that S.A.R. & H. have assisted considerably in controlling emissions from their areas.

1. The Sidings tip between the Salt River workshop and the Liesbeeck River is no longer used for tipping. The smoke from fires, which was almost a daily occurrence, has thus been obviated.
2. Little burning is done at Back Beach area — Granger Bay.
3. A central incineration plant is planned and tender specifications are being prepared. Refuse from visiting ships may not leave harbour precincts.
4. An up-to-date incinerator is now installed and operating at the quarantine station.
5. Five permanent-way Inspectors now have the additional responsibility of controlling smoke from locomotives.
6. Alternative means of disposal of sawdust from the coach workshop have been instituted, other than by burning.
7. Obsolete wooden coaches are no longer burned in the open.
8. Plans are in hand to modify all existing coal-burning locomotives so that they emit less smoke. This modification has been developed by the Transvaal Coal Owners' Association.

In spite of these measures, however, S.A.R. & H. appliances and shipping are still responsible for a great deal of our low-level smogs. As anticipated, the fuel crisis has considerably postponed plans for dieselization/electrification of locomotives.

SYMPOSIA

Papers were presented at:—

1. **Town & Regional Planning Symposium** at which it was learned that Cape Town's road system, including new fly-overs, underpasses, freeways, etc, would become saturated by 1985. This date roughly coincides with an estimated forecast of a vehicle emission problem. The likely form of vehicle control — toll gates — would also serve as a pollution control medium since preventing concentration of vehicles prevents emission concentration.
2. **Boland Health Advisory Board**
Their Annual General Meeting held at Bellville was combined with a Smoke Control Symposium. Their membership covers the greater part of the Western Cape and it was felt that since health inspectors in smaller municipalities would perform the smoke control function, it would be a good idea to have a consistent approach to the problem.

SMOKELESS ZONES

The programme for the First Smoke Control Zone Order was considered by Council and approved. It was advertised in the press and submitted to the Minister of Health for approval and promulgation.

We were asking for a much tighter limit on visible emissions than had been used in other centres (5°/o obscuration on a light meter rather than 20°/o), for two reasons:—

- (1) We did not have a very cheap indigenous fuel to consider, and
- (2) We believed that the meteorological and topographical situation warranted a tough line.

This apparently proved a stumbling block and negotiations continued throughout the year. This set back our programme by twelve months and to counteract this delay, our proposed Zones 2 and 3 were combined with the first and resubmitted to the Minister. The outcome was still awaited at the end of the year.

COAL

It was anticipated that a change from oil to coal would take place as a result of the so-called fuel crisis. The price of oil rocketed and coal became economically viable once more, in spite of the crippling cost of transportation from the Reef or Natal. This process was accelerated by an approach from the Prime Minister's Advisory Committee on Petroleum Products to industrialists to consider using our only indigenous fuel — coal.

Changes within the coal-producing marketing organization were taking place and supplies of coal to a potentially rapidly expanding market could not be guaranteed. Agents were obviously reluctant to set up massive stockpiles, even if the railways administration could transport, unless the market were assured.

The manufacturers of coal-burning and handling equipment also moderated the pace of changeover because they were not geared to such a sudden demand.

In spite of these moderating influences, changeovers were nevertheless made to an extent which contributed to coal shortages in the winter of 1974.

COMMUNITY MEDICINE PILOT SCHEME — Heideveld

As part of this enterprise, the Air Pollution Control Branch is to take advantage of house to house visits by public health nurses to carry out a complete survey of fuel burning habits and appliances in a typical cross-section of a Coloured community. This should provide useful information for future planning.

MEASUREMENT

The graphs of monthly averages at each measuring station for Dustfall, Soiling Index (smoke) and Sulphur Dioxide (SO_2) are included, as also are graphs of Annual Averages for the same three pollutants.

The portable continuous SO_2 recorder was moved from site to site to check on maximum values at these places. No alarming levels were reached at any time.

A further continuous SO_2 monitor was established at the City Hall, in addition to a smoke recorder capable of measuring over a period of one hour as opposed to the 48 or 72 hour period of the existing Soiling Index instruments.

A Nitrogen Oxides continuous recorder was installed at the same site as a start to the measurement of vehicle pollution. The values obtained were higher than expected and warranted much cross-checking to ensure validity. This was still in progress at the end of the year.

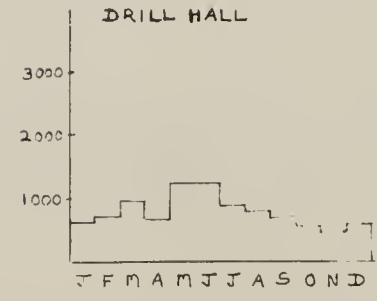
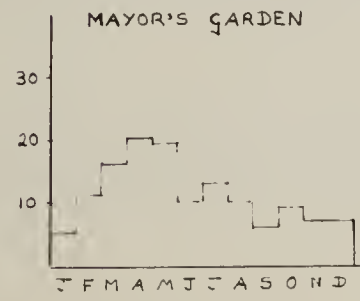
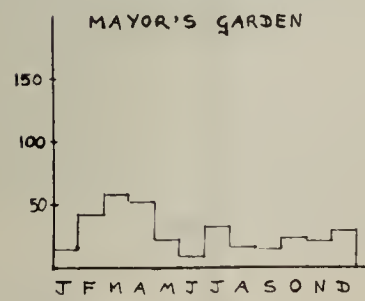
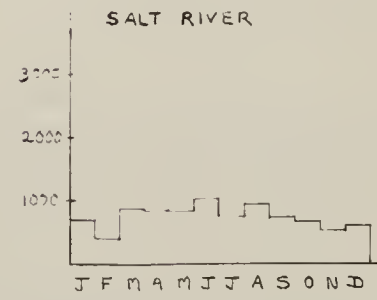
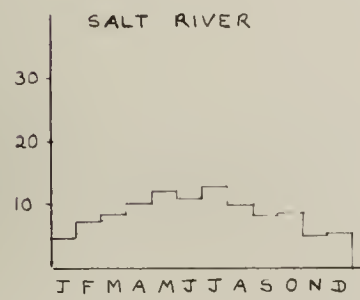
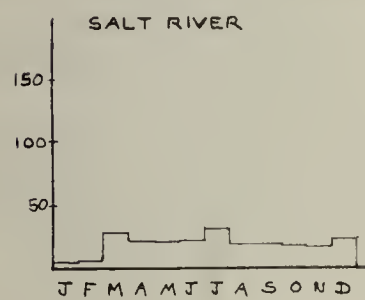
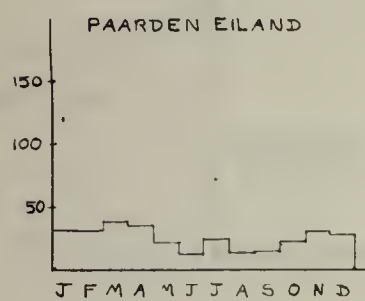
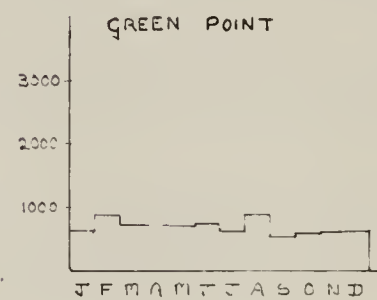
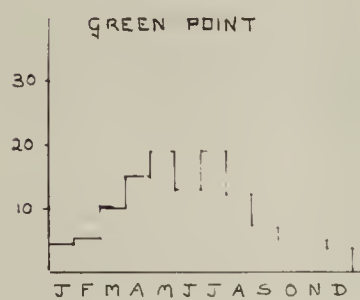
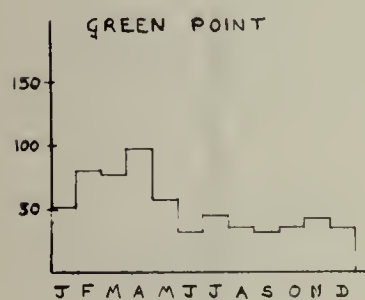
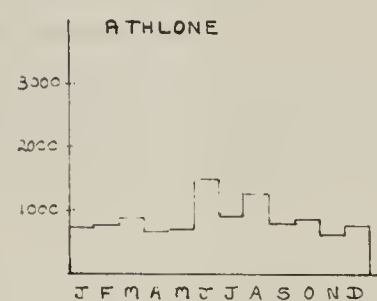
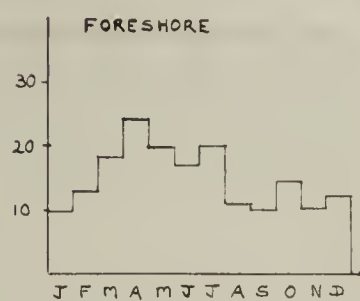
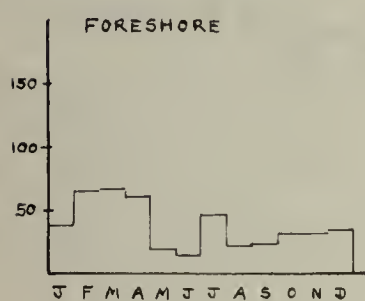
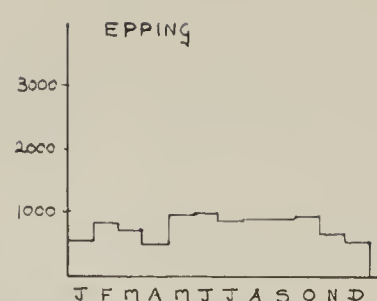
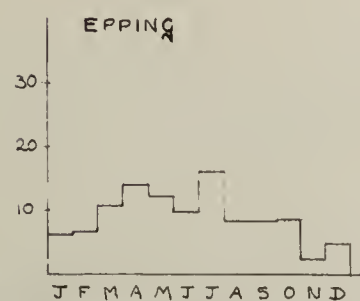
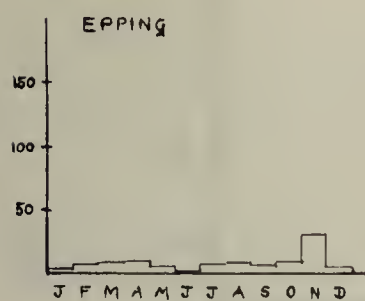
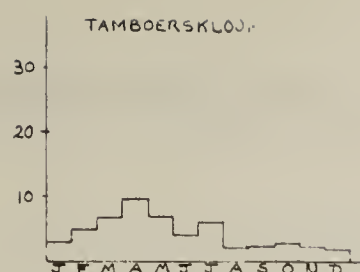
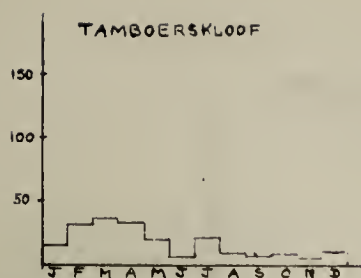
The proposed overall air pollution survey did not materialise in 1974 and negotiations are still taking place.

The graphs reveal that 1974 was another good year as far as measurement is concerned, and the fact that the smogs are short-lived ensures a low average.

It may be that future policy will be dictated by the aesthetic aspect rather than the health hazard factor.

Comparison of annual averages for the years 1967 to 1974 show a downward trend — 1974 values depressing these curves below 1973 levels.

Satisfaction may be gained from these graphs for the overall situation, but the fact that smogs were present on 82 days of the year in the City area suggests that the battle is by no means won.



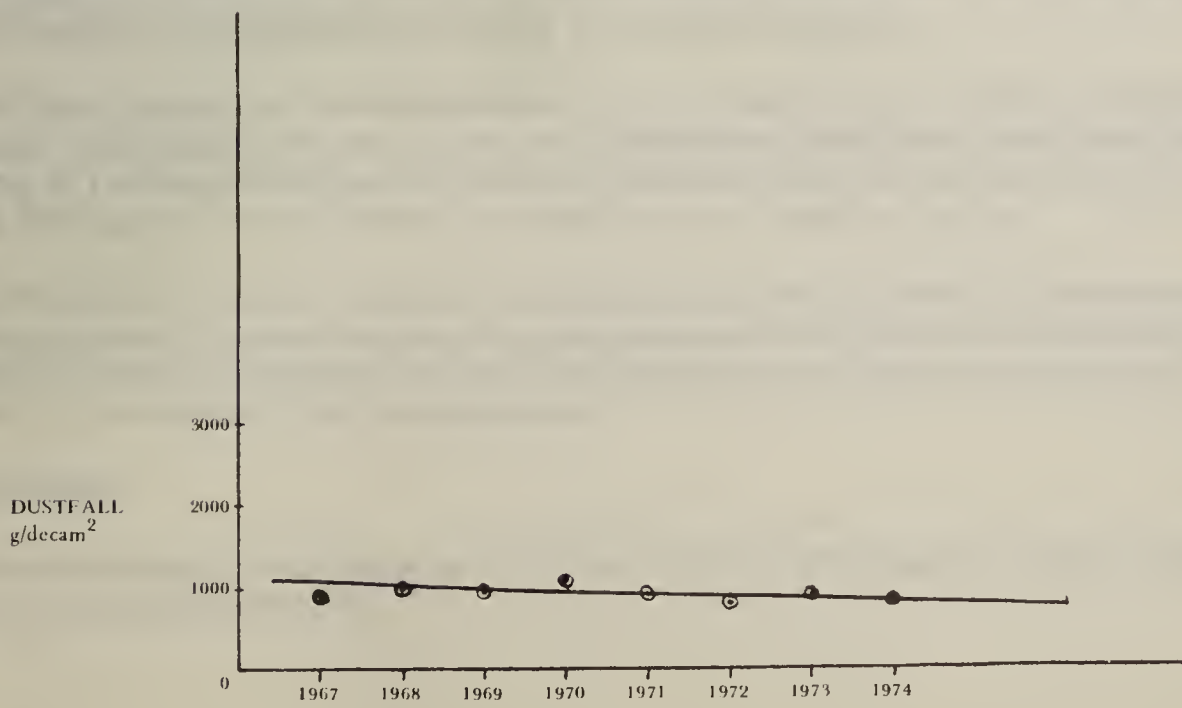
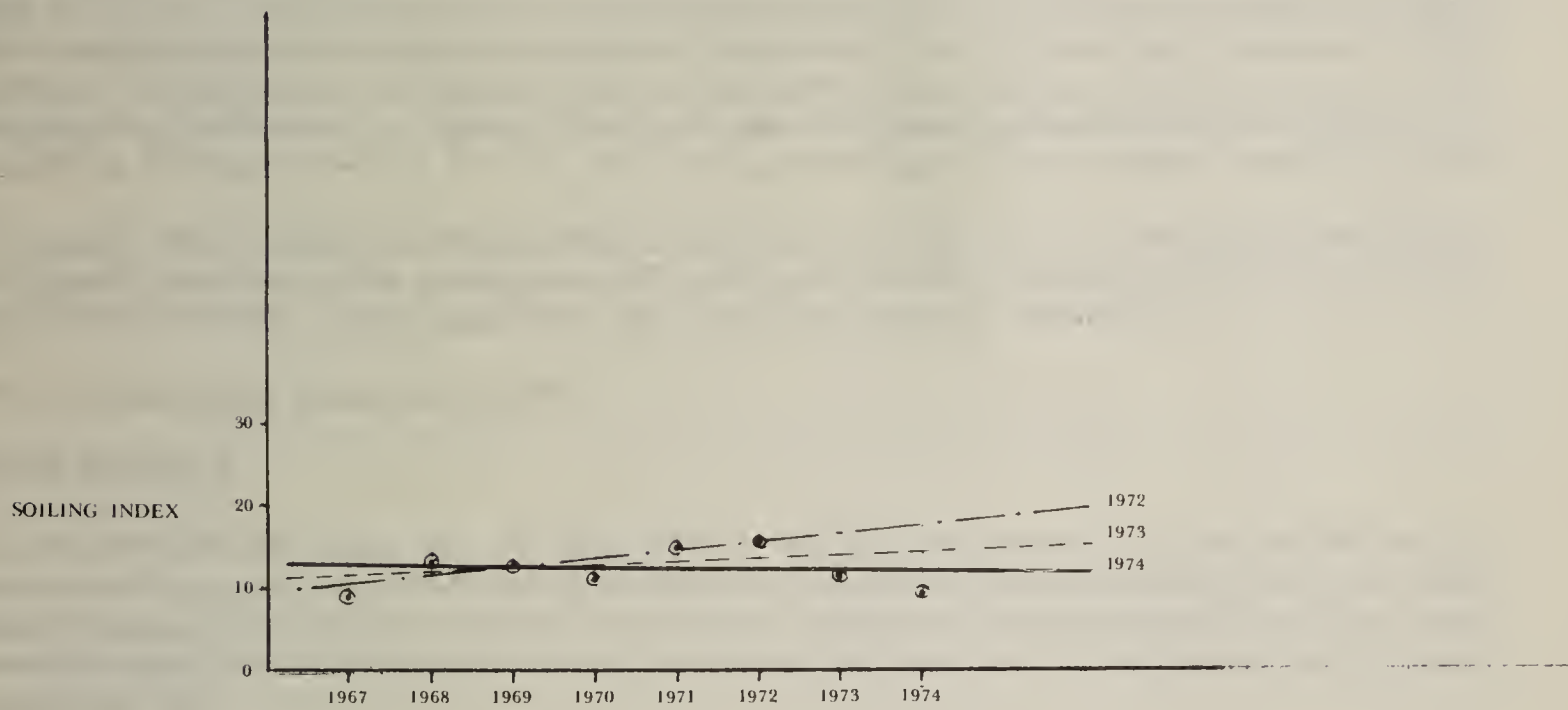
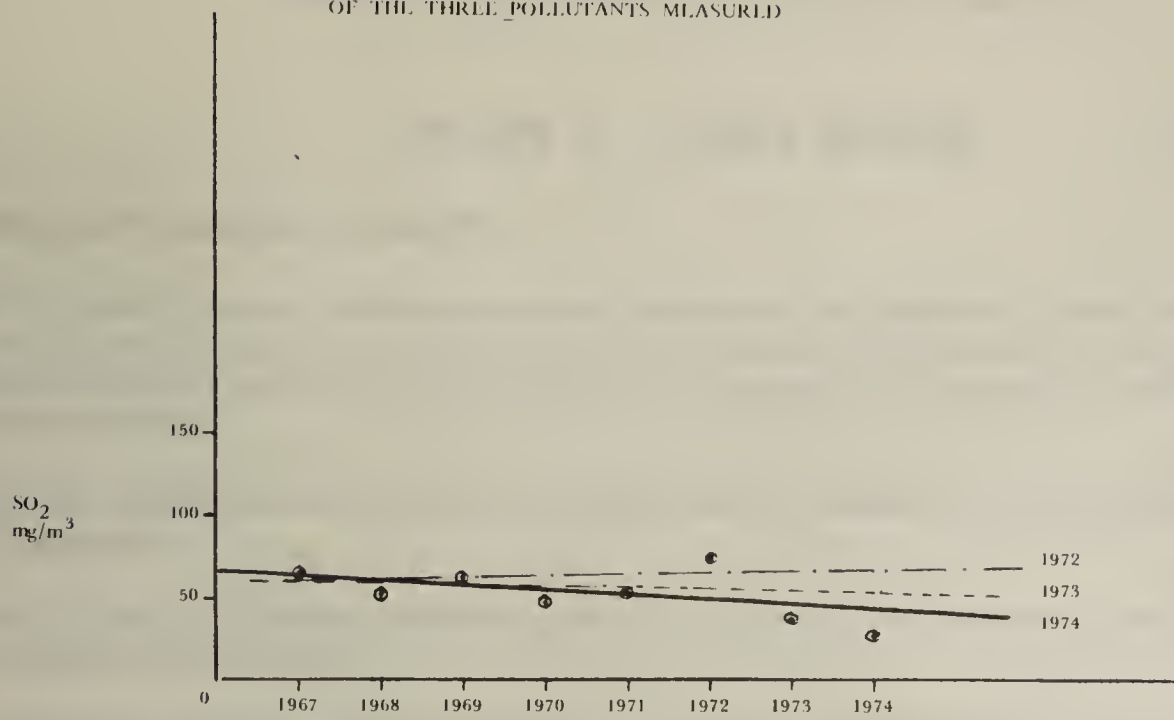
SULPHUR DIOXIDE (SO₂)

SOILING INDEX

DUSTFALL

1974 MONTHLY AVERAGES

ANNUAL AVERAGES FOR THE PERIOD 1967 - 1974
OF THE THREE POLLUTANTS MEASURED



SECTION X – OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1974 the work was carried out by medical practitioners with the co-operation of the District Nursing Organisation of the Cape Provincial Administration. Arrangements for the supply of medicines etc. are made with local chemists.

In addition, applications are received from persons seeking assistance to purchase spectacles under poor relief regulations.

One half of the cost of medical attention and the full cost of surgical appliances and spectacles are refunded to the Council by the State.

During the year, 132 applications for free medical attention and 3440 applications for spectacles were received – the latter have increased considerably in recent years and the sum of R12 822,62 was collected towards the cost to the Council of R67 076,60.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos. 804 of 30 April 1943; and 605 of 13 April, 1945), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30 April, 1943, or has worked for six months under a certified fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities.

No certificates were issued during 1974.

FREE BURIALS

The Public Health Act places upon the local authority the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the local authority, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the council. In the year the number of such burials was 226.

DRAINAGE, SEWERAGE AND SCAVENGING

STORMWATER DRAINAGE

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage but in parts of the Cape Flats natural drainage scarcely exists and in the wet season the ground-water level over a considerable area rises to or very near the surface.

The City is sewered on the separate system, the stormwater being conducted by separate channels to the nearest outfall namely the sea, or into the Liesbeeck and Black Rivers, which drain the southern suburbs north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams run south and discharge into a series of vleis or lakes and thence to the sea at False Bay.

It is the policy of the City Council to concrete line the banks and inverts of natural watercourses in its area when required by hydraulic or planning considerations. The Vygekraal River upstream of Vanguard Drive has been widened and deepened and the lining of this section of the river has been taken as far as Sherwood Park on the boundary of the Municipal Area.

SEWERAGE

With the exception of outlying sparsely developed areas the greater part of the Municipality is provided with water-borne sewerage facilities.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 100 megalitres per day. The Athlone plant is now completely surrounded by residential areas and is only 8 kilometres from the centre of the City.

Approximately 23 megalitres of sewage from the Wynberg — Clovelly area plus approximately 14 megalitres of sewage from Guguletu, Nyanga and the developing areas of the Cape Flats are treated in re-circulated photosynthetic oxidation ponds at the Strandfontein Road Cape Flats Sewage Treatment Works.

The Council in terms of an agreement with the Cape Divisional Council accepts and treats sewage from Goodwood, Parow and the Divisional Council Local Area of Epping Garden Village. Similarly the Council accepts and treats sewage from Pinelands and from such portions of the Divisional Council Local Area of Grassy Park as are presently sewered; sewage from part of the Constantia Local Area is now being accepted into the Council system.

The Council has negotiated an agreement with Milnerton to discharge sewage northwards to link up with their sewage treatment works.

With the commissioning in November 1974 of the Sanddrift East Pumping Station the sewage from this Estate is now passed to the Montague Gardens interceptor and then direct to the Milnerton Sewage Treatment Works.

Council on 31 July 1973 adopted a policy of separation of industrial from domestic effluents so far as practicable to supplement and assist future efforts in the reclamation and re-use of sewage effluent; it has authorised the expenditure of R21 000 000 for a new treatment plant at the Cape Flats and improvements and additions to the Athlone Treatment Works, with an ultimate capacity of 180 megalitres per day.

Consultants have been appointed to do work in connection with the above and a new by-pass line to relieve some of the load to Athlone has been constructed.

The area from Woodstock to Bakoven is sewered and the sewage discharged to sea in two outfalls (Green Point and Camps Bay) after maceration; chlorination is used, in-addition, at Camps Bay. A contract has been awarded and work has commenced on the new submarine outfall sewer at Camps Bay.

In order to be ready for sewage treatment from the Mitchell's Plain Non-White Housing Development, contracts for the design and construction of the first stage (capacity 62 megalitres per day) have been let and work is to proceed early in 1975. The ultimate capacity will be 50 megalitres per day.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewerage system through the intake at Muizenberg. 246 549 pail clearances were effected. Similarly 21 487 removals were made from O'Brien dry earth closets in the municipal and certain abutting areas.

HOUSE REFUSE REMOVALS

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:—

Every Week-day:

Cape Town Central Business district:—

Gardens, Vredehoek, Oranjezicht, Tamboerskloof, Devils Peak.

Hotels, Restaurants, Boarding Houses and certain flats and business premises in congested areas.

Three Times Weekly:

Camps Bay, Sea Point, Green Point, portion of Oranjezicht, Tamboerskloof, Woodstock, Salt River, Observatory, Brooklyn, Maitland, Kensington, Mowbray, Rosebank, Rondebosch, Upper Newlands and Upper Claremont and Bishopscourt.

Twice Weekly:

Lower Claremont, Lower Newlands, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone and Lansdowne, Bonteheuwel, Manenberg, Hanover Park and Parkwood Estate.

Sundays:

On Sundays a special payments removal is effected at Hotels, Restaurants and Boarding Houses.

DISPOSAL OF REFUSE

All refuse, both trades and household, is disposed of at the Council's tip at Guguletu. Strict control of the tip by the adoption of sanitary control methods is adhered to.

The Compost Plant at Athlone receives the refuse from the Athlone and Mowbray areas.

During the year the quantity of refuse removed was 708 925 cubic metres.

In all areas house refuse is disposed of by controlled tipping.

As the available areas for controlled tipping of refuse are steadily diminishing or suitable areas are so far away that transport costs become prohibitive, the City Council decided to investigate the suitability of composting all household refuse. With this in view, the construction of a pilot composting plant in the Athlone Sewage Disposal Works area came into operation in May 1969. The compost from the plant is now on sale to the public and Agricultural Organisations.

SECTION XI — STAFF OF CITY HEALTH DEPARTMENT

The authorised establishment of the City Health Department as at 31 December, 1974, amounting to 1 380 staff members is subdivided as follows:—

SOME VACANT POSTS EXIST THROUGHOUT THE DEPARTMENT

ADMINISTRATIVE BRANCH	NO.	MATERNAL AND CHILD WELFARE BRANCH	NO.
Medical Officer of Health	1	Maternal and Child Welfare Officer	1
Deputy Medical Officer of Health	1	Deputy Maternal and Child Welfare Officer	1
Assistant Medical Officer of Health	1	Clinical Medical Officers	3
Senior Medical Officer	1	Chief Public Health Nurse	1
Administrative Officer	1	Clinic Sister/Health Visitors	96
Assistant Administrative Officer	1	Senior Public Health Nurses	5
Principal Administrative Officer	1	Learner Public Health Nurses	5
Senior Administrative Assistants	4	Senior Social Welfare Visitor	1
Personal Assistant to M.O.H.	1	Supervisor Family Planning Training Centre	1
Health Education Officer	1	Assistant Supervisor F.P.T. Centre	1
Health Education Lecturers	2	Nursing Assistants	10
Senior Clerks	6	Senior Clerk	1
Clerks	12	Nursery School Supervisor	1
Senior Shorthand Typist	1	Nursery School Teachers	7
Woman Assistants	5	Junior Nursery School Teachers	4
Office Attendants	3	Chiropodist	1
Caretaker/Cleaner	1	Senior Woman Assistant	1
Labourer	1	Woman Assistants	5
TOTAL	44	Creche Superintendents	7
AIR POLLUTION CONTROL		Nursery Assistants	13
Air Pollution Control Officer	1	Clinic Assistants	25
Smoke Control Inspector	1	Laundresses	9
Shorthand Typist	1	Domestics	42
TOTAL	3	Cooking Hands	20
HEALTH INSPECTION BRANCH		Children's Help	14
Chief Health Inspector	1	Drivers	6
Senior Assistant Chief Health Inspector	1	Labourers	4
Assistant Chief Health Inspector	1	Night Watchmen	2
Divisional Health Inspectors	5	Caretaker	1
Health Inspectors	43	Caretaker/Cleaner(Coloured)	1
Learner Health Inspectors	8	TOTAL	289
Pest Control Officers	4	TUBERCULOSIS BRANCH	
Clerks	2	Tuberculosis Officer	1
Woman Assistants	2	Deputy Tuberculosis Officer	1
Washhouse Caretakers	3	Clinic Medical Officers	2
Assistant Washhouse Caretakers	3	Senior Administrative Assistant	1
Motor Driver	1	Senior Clerk	1
Stores Yardsman	1	Clerks	5
Pest Control Operatives	26	Senior Public Health Nurse	1
Labourers	5	Clinic Sister/Public Health Nurses	16
Attendants at public sanitary conveniences	158	Clinic Nurses	4
TOTAL	264	Clinic Assistants	5
MILK CONTROL		Radiographer	3
Senior Veterinary Officer	1	Woman Assistants	5
Dairy Inspectors	3	Domestics	1
Laboratory Technician	1	Driver Mobile X-Ray Van	2
TOTAL	5	Caretaker/Cleaners	7
		Labourers	1
		TOTAL	56

VENEREAL DISEASE BRANCH**NO.**

Venereal Disease Officer	1
Clinical Medical Officer	1
Male Nurses	2
Clinic Sister/Public Health Nurses	2
Labourers	2

TOTAL	8
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DENTAL BRANCH

Principal Dental Officer	1
Deputy Dental Officer	1
Assistant Dental Surgeons	2
Senior Dental Mechanic	1
Dental Mechanics	4
Senior Clinic Nurse	1
Dental Nurses	7
Senior Clerk	1
Clerks	2
Female Clerical Assistant	1
Social Welfare Visitor	1
Clinic Assistants	5
Laundresses	4
Domestic	1
Caretaker/Cleaner	1
Labourer	1

TOTAL	34
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CITY HOSPITAL FOR INFECTIOUS DISEASES

Medical Superintendent	1
Deputy Medical Superintendent	1
Resident Medical Officers	6
Matron	1
Assistant Matrons	2
Sisters	44
Nursing Assistants/Enrolled Nurses	136
Clinic Assistant	1
Radiographer	1
Occupational Therapist	1
Principal Pharmacist	1
Pharmacists	2
Lady Wardens	2
Physiotherapist	1
Senior Clerk	1
Clerks	2
Senior Storekeeper	1
Works Storeman	1
Senior Woman Assistant	1
Woman Assistants	2
Senior Works Foreman	1
Artisans	2
Handyman	1
Craft Worker	1
Works Storeman	1
Painter	1
Boiler Attendants	2

NO.

Brush Hands	3
Housekeeper	1
Housemaids	36
Seamstresses	4
Kitchen Supervisors	4
Hospital Cooks	8
Disinfection Officer	1
Ambulance Officer	1
Ambulance and Motor Drivers	4
Telephone Operators	3
Senior Hospital Porter	1
Hospital Porters	5
Bantu Male Orderlies	64
Labourers	12

TOTAL	364
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BROOKLYN CHEST HOSPITAL

Medical Superintendent	1
Resident Medical Officers	5
Matron	1
Assistant Matron	1
Sisters	36
Staff Nurses	3
Nursing Assistants	102
Radiographer	1
Clinic Assistants	2
Lady Warden	1
Senior Clerk	1
Clerks	1
Woman Assistant	1
Housekeeper	1
Storekeeper	1
Head Seamstress	1
Seamstress	1
Laundry Manager	1
Laundry Supervisor	1
Assistant Laundry Supervisor	1
Laundresses	31
Kitchen Supervisors	2
Hospital Cooks	5
Senior Works Foreman	1
Artisans	2
Handymen	3
Brush Hands	2
Craft Workers	2
Boiler Attendants	3
Telephone Operators	3
Motor Drivers	2
Hospital Porters	5
Male Orderlies	71
Labourers	18

TOTAL	313
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CHANGES IN PERSONNEL

APPOINTMENTS

Dr. H. L. Ackerman	Medical Superintendent Brooklyn Chest Hospital	7- 3-1974
Dr. J.H.R. Tooke	Maternal and Child Welfare Officer	7- 6-1974
Dr. J.J. Van Der Leij	Chief Dental Officer	16- 9-1974
Dr. N.E. Popkiss	Deputy Dental Officer	13-12-1974

RESIGNATIONS

Dr. I. Mallach	Clinical Medical Officer	31-12-1974
Dr. F.R. Prinsloo	Deputy Medical Superintendant City Hospital	31-12-1974

In March 1974 Dr. K.B. Sundgren and Dr. M.E.E. Popkiss commenced training for the Diploma in Community Medicine at the University of Cape Town. They were appointed as registrars for the two year period of training.

102.

REPORT OF THE MEDICAL OFFICER OF HEALTH

TABLE B. Deaths Classified for Causes and Race, 1974
(Corrected)

International Code No.	CAUSE OF DEATH	White	Coloured	Bantu	Asiatic	Non-White	All Races
001	Typhoid						
004,8,9,561	Dysentery and Gastro Enteritis	6	141	130		271	277
011	Tuberculosis Pulmonary	5	79	72		151	156
010,012-019	Other Forms	2	12	20		32	34
032	Diphtheria		1	1		2	2
033	Whooping Cough		3			3	3
036	Meningococcal Infections			1		1	1
038	Septicaemia	14	47	15	1	63	77
040-043	Acute Poliomyelitis						
055	Measles		34	35		69	69
070	Viral Hepatitis	2	7	1		8	10
090-097	Syphilis		10	3		13	13
	Other Infective and Parasitic Diseases		5	4		9	9
140-209	Malignant Neoplasms	437	388	99	1	488	925
210-239	Benign Neoplasms	4	4	3		7	11
250	Diabetes Mellitus	16	68	7	1	76	92
280-289	Anaemias	4	5			5	9
320-358	Diseases of Nervous System	17	57	23	2	82	99
390-392	Rheumatic Fever	1	5	2		7	8
393-398	Heart Disease	6	11	6		17	23
410-414	Degenerative	525	317	21	12	350	875
420-429	Other	107	160	45	1	206	313
430-438	Cerebrovascular Diseases	226	346	54	5	405	631
440-448	Diseases of Arteries	59	52	2		54	113
470-474	Influenza	4	10	3		13	17
480-486	Pneumonia	84	296	133		429	513
466,490-491	Bronchitis	6	25	8		33	39
500-519	Other Diseases of Respiratory System	50	83	23	2	108	158
531-532	Ulcer of Stomach and Duodenum	8	4	1		5	13
540	Acute Appendicitis		1	2		3	3
550-560	Intestinal Obstruction and Hernia	1	5	2		7	8
571	Cirrhosis of Liver	13	5	2		7	20
580-584	Nephritis	8	19	3		22	30
590-629	Other Diseases of Genito-Urinary System	25	37	14		51	76
630-678	Complications of Pregnancy		3	2		5	5
740-759	Congenital Anomalies	15	48	11		59	74
760-779	Perinatal Mortality	19	145	62	3	210	229
780-796	Senility and Ill Defined	351	360	90	5	455	806
810-819	Motor Vehicle Accidents	12	96	37		133	145
	All Other Accidents	45	67	34		101	146
950-959	Suicide	15	13	1	1	15	30
960-977	Homicide	7	35	28		63	70
	Other Causes	133	258	79	5	342	475
	TOTAL	2 227	3 262	1 079	39	4 380	6 607

TABLE C Deaths by Cause and Month of Registration, 1974
(Corrected)

International Code No.	Disease	Race White and Non-White	January	February	March	April	May	June	July	August	September	October	November	December	Year
001, 002	Typhoid	W NW													
010— 012	Tuberculosis Pulmonary	W NW		1 10			1 15			2 9	1 20				5 153
013— 019	Tuberculosis Other Forms	W NW	1 2				1 8								2 30
032	Diphtheria	W NW				1 1									2
033	Whooping Cough	W NW		1		1			1						3
036	Meningococcal Infections	W NW		1											1
040— 044	Poliomyelitis	W NW													
055 056	Measles	W NW	2	2	2	2	9	10	9	9	11	6	4	3	69
090— 099	Veneral Disease	W NW					2		4	1	1	2		1	14
140— 209	Malignant Neoplasms	W NW	33 37	20 40	40 32	34 40	32 49	40 36	40 46	34 32	55 43	36 40	39 51	34 42	437 488
250	Diabetes	W NW		1 3		1 3	2 9	2 9	1 10	1 11	4 5		3 7	1 6	16 76
390— 392	Rheumatic Fever	W NW					3		1		1				1 7
393— 398	Rheumatic Heart	W NW		1 3		1	2	2	1	2		5	4		6 17
400— 404	Hypertension	W NW			1 5	1 9	9 7	2 12	3 17	1 8	8 11	5 16	2 19	1 11	33 123
410— 414	Ischaemic Heart Disease	W NW	41 30	27 22	39 37	44 29	42 36	56 32	55 31	49 31	50 33	44 21	39 28	39 20	525 350
420— 429	Other Heart Diseases	W NW	9 14	3 14	6 15	7 11	6 18	13 18	12 31	12 13	12 28	10 10	9 20	8 14	107 206
430 438	Cerebrovascular Diseases	W NW	22 39	12 29	19 31	16 25	17 26	25 33	22 34	25 42	27 28	13 37	17 47	11 34	226 405
440— 448	Arterial Diseases	W NW	6 10	1 6	4 2	6 2	11 9	8 4	12 9	3 1	1 4	6 2	1 3		59 54
470— 474	Influenza	W NW							4 9		1				4 13
480—6	Pneumonia	W NW	9 27	5 22	11 27	3 36	6 20	10 36	11 65	13 44	8 46	3 37	2 19	3 28	84 407
466, 490—1	Bronchitis	W NW					4 3		2 4		3 6		2 3		6 33
004,8,9 561	Gastro Enteritis	W NW		1 30			2 40	1 32	1 13		1 16		17	12	6 271
580— 584	Nephritis	W NW	2		2		1 4	1 1	2 3		1 2	1 1	1 1	2	8 22
630—9 650—678	Pregnancy	W NW													
640—5	Abortion	W NW			1 1									1	3
740— 759	Congenital Anomalies	W NW	2 3		3 7		2 12	1 7	3 5		1 3	1 2	1 4	1 3	15 59
770— 779	Perinatal Mortality	W NW		4 16		5 20	1 19		1 17		4 24	1 12	1 16	2 20	19 207
780— 796	Ill Defined & Senility	W NW	20 13	25 30	22 30	23 27	33 42	33 38	38 60	33 54	41 48	22 37	26 32	35 44	351 455
800—7	Railway Accidents	W NW	1 1									2			3 3
810—827	Road Accidents	W NW	3 22		4 24		2 11		2 12		1 5		1 8	5 12	13 134
830—949	Other Accidents	W NW	5 8	2 12	2 11	2 3	6 9	2 6	5 6		3 11		5 12	6 13	38 93
950—979	Suicide	W NW	3 1	2	1		1 4	3	1 1		1 2		2 3	1 1	15 15
960—999	Homicide	W NW	2 7	2 5	1 13		6	1 3			1 7				7 63
	All Causes	W NW	171 297	125 314	175 356	153 290	200 443	229 390	250 486	191 370	240 408	156 317	170 388	167 321	2227 4380

TABLE D Death Rates per 1,000 Population for 1974 and Ten Previous Years by Causes and Race.
(Corrected)

DISEASE		Race	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	Mean 10 Yrs	1974
Enteric fever	... ..	White Non-W.	0,01		0,01		0,00			0,00			0,00	
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	...	White Non-W.	0,02 0,99	0,02 1,05	0,03 0,88	0,02 0,80	0,02 0,69	0,01 0,76	0,04 0,85	0,01 0,63	0,01 0,43	0,00 0,59	0,02 0,75	0,02 0,49
Tuberculosis, respiratory system	...	White Non-W.	0,05 0,42	0,05 0,43	0,05 0,34	0,03 0,45	0,04 0,39	0,03 0,40	0,04 0,38	0,02 0,31	0,05 0,38	0,03 0,35	0,04 0,38	0,02 0,28
Tuberculosis, other forms	...	White Non-W.	0,01 0,06	0,00 0,06	0,01 0,07	0,05	0,05	0,00 0,05	0,01 0,03	0,03	0,03	0,04	0,00 0,05	0,01 0,05
Diphtheria	... ..	White Non-W.	0,00	0,01 0,01	0,00			0,00			0,00		0,00 0,00	0,00
Whooping cough	... ..	White Non-W.	0,02	0,01	0,01	0,00	0,01		0,01	0,00	0,01	0,00	0,01	0,01
Meningococcal cerebrospinal meningitis	...	White Non-W.	0,00	0,01	0,00 0,03	0,07	0,01 0,02	0,02	0,00 0,01	0,01	0,02	0,00 0,01	0,00 0,02	0,00
Purulent infection - septicaemia, and erysipelas (non-puerperal)	... ..	White Non-W.	0,02 0,01	0,00 0,03	0,02 0,03	0,02 0,04	0,02 0,04	0,03 0,01	0,03 0,03	0,00 0,03	0,01 0,05	0,06 0,08	0,02 0,04	0,06 0,11
Acute anterior poliomyelitis and polioencephalitis		White Non-W.				0,00	0,00						0,00 0,00	
Measles	... ..	White Non-W.	0,00 0,09	0,01 0,17	0,00 0,11	0,00 0,08		0,01 0,12	0,00 0,09		0,01 0,06	0,00 0,09	0,01 0,10	0,13
Acute infectious encephalitis	...	White Non-W.	0,00 0,00		0,01	0,01	0,00	0,01	0,01 0,00			0,00	0,00 0,00	
Syphilis	... ..	White Non-W.	0,03	0,01	0,01 0,00	0,01 0,02	0,00 0,02	0,00 0,02		0,00 0,01		0,00 0,02	0,01 0,02	0,01
General paralysis of the insane: tabes dorsalis		White Non-W.	0,02	0,02	0,00 0,01	0,02	0,01 0,01	0,01	0,00 0,01	0,00	0,01 0,01	0,00	0,00 0,01	0,02
Cancer	... ..	White Non-W.	1,74 0,84	1,75 0,82	1,72 0,79	1,79 0,80	1,74 0,84	1,90 0,88	1,73 0,88	1,65 0,82	1,70 0,92	1,77 0,97	1,75 0,86	1,77 0,89
Diabetes	... ..	White Non-W.	0,10 0,10	0,10 0,08	0,15 0,13	0,14 0,14	0,18 0,16	0,33 0,23	0,40 0,35	0,33 0,29	0,32 0,30	0,09 0,16	0,22 0,20	0,06 0,14

TABLE D — Continued

DISEASE		Race	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	Mean 10 Yrs	1974
Acute rheumatic fever	...	White Non-W.	0,00	0,01	0,01	0,01	0,01	0,02	0,01	0,00	0,01	0,01	0,00	0,00
			0,01			0,02							0,01	0,01
Cardiac diseases	...	White Non-W.	3,25	3,06	2,92	2,92	2,98	2,74	2,82	2,35	2,05	2,88	2,79	2,63
			1,54	1,50	1,30	1,35	1,34	1,15	1,22	1,02	0,72	1,33	1,23	1,10
Intracranial lesions of vascular origin	...	White Non-W.	1,30	1,11	1,49	1,23	1,29	1,02	1,16	0,97	1,06	1,02	1,16	0,92
			0,92	0,90	0,78	0,86	0,80	0,72	0,77	0,62	0,66	0,73	0,77	0,74
Arterio sclerosis	...	White Non-W.	0,14	0,13	0,25	0,10	0,07	0,09	0,11	0,06	0,01	0,08	0,10	0,11
			0,09	0,07	0,08	0,07	0,06	0,02	0,04	0,04	0,04	0,02	0,05	0,05
Aneurysm of the aorta	...	White Non-W.	0,01	0,00					0,00			0,02	0,00	0,00
												0,01	0,00	
Influenza	...	White Non-W.	0,00	0,00		0,00			0,00				0,00	0,02
			0,01	0,01	0,01	0,01	0,00	0,02	0,01		0,00	0,01	0,01	0,02
Bronchitis and pneumonia (including pneumonia of the newborn)	...	White Non-W.	0,37	0,32	0,27	0,31	0,25	0,34	0,41	0,38	0,45	0,43	0,36	0,37
			0,81	0,79	0,83	0,88	0,87	0,94	1,00	0,86	0,86	0,94	0,88	0,84
Nephritis	...	White Non-W.	0,13	0,07	0,06	0,09	0,08	0,11	0,11	0,11	0,06	0,05	0,09	0,03
			0,14	0,11	0,07	0,08	0,13	0,10	0,07	0,08	0,08	0,07	0,09	0,04
Puerperal sepsis	...	White Non-W.	0,01		0,00				0,01				0,00	
			0,03	0,03	0,02	0,02	0,01	0,00	0,01	0,01	0,00	0,00	0,01	0,00
Other diseases of pregnancy, childbirth, and puerperal state	...	White Non-W.		0,00	0,00			0,00	0,00				0,00	
			0,01	0,03	0,03	0,04	0,02	0,01	0,02	0,02	0,01	0,00	0,02	0,01
Congenital malformations and diseases of early infancy	...	White Non-W.	0,30	0,28	0,24	0,21	0,25	0,30	0,23	0,20	0,19	0,16	0,23	0,14
			1,16	1,29	1,18	1,09	0,99	0,97	0,90	0,76	0,56	0,59	0,93	0,49
Senility	...	White Non-W.	1,44	1,47	1,46	1,50	1,55	1,51	1,59	1,61	1,50	1,44	1,51	1,26
			0,31	0,31	0,36	0,63	0,34	0,39	0,45	0,49	0,31	0,44	0,40	0,30
Accidents, poisonings and violence (external cause)	...	White Non-W.	0,71	0,58	0,52	0,57	0,42	0,57	0,57	0,37	0,31	0,45	0,50	0,32
			0,99	1,07	1,02	1,07	0,89	1,07	1,14	0,94	0,57	0,90	0,94	0,57
Other causes	...	White Non-W.	0,96	1,20	1,24	1,05	1,26	1,32	1,33	0,90	1,23	1,01	1,13	1,30
			1,73	1,79	1,71	1,31	1,51	1,40	1,32	0,72	1,36	1,58	1,37	1,67
TOTAL	...	White Non-W.	10,57	10,20	10,46	10,03	10,19	10,34	10,57	9,04	8,99	9,40	9,94	9,05
			10,32	10,61	9,76	9,91	9,31	9,34	9,62	7,82	7,41	8,26	9,15	7,98

TABLE E1 Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration 1974. (Corrected)

International Code No.	DISEASE	RACE	January	February	March	First Quarter	April	May	June	Second Quarter	July	August	September	Third Quarter	October	November	December	Fourth Quarter	YEAR	Percentage Total death	Rate per 1,000 live births
004,8,9 561	Diarrhoea and enteritis	White Non-W.	12	22	29	63	19	33	20	72	9	11	12	32	10	15	11	36	203	24,6	11,3
010-012 014-019	Tuberculosis, Pulmonary and other forms	White Non-W.			1	1						1		1	1		1	2	4	0,5	0,2
013	Tuberculosis, meningeal	White Non-W.									1			1					1	0,1	0,1
032	Diphtheria	White Non-W.			1	1													1	0,1	0,1
033	Whooping cough	White Non-W.		1		1	1			1	1								3	0,4	0,2
038	Septicaemia	White Non-W.	8	2	2	12	1	2		3	3	5	2	10	2	1	3	6	31	3,8	1,7
055/6	Measles and rubella	White Non-W.			1	1	1	4	5	10	3	2	6	11	3	2	2	7	29	3,5	1,6
090	Syphilis, congenital	White Non-W.										1		1			1	1	2	0,2	0,1
259-266	Avitaminoses	White Non-W.			2	2	1	1	1	3					1			1	6	0,7	0,3
267-273	Nutritional Maladjustment	White Non-W.		1		1	1	1	1	3	1			1		1		1	6	0,7	0,3
320	Simple meningitis	White Non-W.	1	2		3	1	3		4		2	1	3		2		2	12	1,5	0,7
466 490-1	Bronchitis	White Non-W.	3	1		4			2	2	1	3	4	8	1			1	15	1,8	0,8
480-6	Pneumonia (all forms)	White Non-W.	1 8	3	1 10	2 21	11 11	1 19	15 15	1 45	13 13	17 17	13 13	43 43	14 14	9 9	9	32	141	7,0 17,1	0,8 7,8
500-519 740-759	Postnatal Asphyxia and Atelectasis	White Non-W.	2			2	1		1	1	3	4		7		1		1	11	2,3	0,3
	Congenital Anomalies	White Non-W.	1 2	5	3 6	4 13	3	12	5	20	3 5	1 3	1 1	5 9	1	1 3	1	2 5	12 47	27,9 5,7	3,3 2,6
772	Injury at birth	White Non-W.	1	1		2		4	3	7		1	5	1					15	2,3	0,8
774/5	Haemolytic Diseases of new born	White Non-W.		1		1								6					1	2,3	0,3
776/8	Other Diseases Peculiar to early Infancy	White Non-W.		4	2	6	1	1	2	7	5	3	2	10	12	3	4	19	3	7,0	0,8
777	Prematurity	White Non-W.	9	10	11	30	15	14	12	41	12	17	17	46	1	13	15	28	14	32,6	3,9
E913.	Accidental mechanical suffocation	White Non-W.													1			1	1	2,3	0,3
	Other and ill-defined or unknown causes	White Non-W.	1 5	4	1 11	2 20	7	9	9	25	2 14	10	3 13	5 37	6	7	16	29	7	16,3 13,5	1,9 6,2
	TOTALS	White Non-W.	3 51	4 56	5 76	12 183	6 65	3 103	76	9 244	6 71	1 80	8 76	15 227	2 51	2 57	3 63	8 171	43 825	100 100	12,0 45,8

TABLE F Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1974
(Corrected)

		Place of Death	All Infants				Legitimate				Illegitimate				Unknown		
			Neo-natal		Post neo-natal		Neo-natal		Post neo-natal		Neo-natal		Post neo-natal		Neo- natal	Post neo- natal	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
White	16	14	4	3	11	12	2	3	1	1	5	1
								3	3			2	2				1
Coloured	111	92	67	73	57	49	36	30	30	25	18	42
						11	9	82	82	5	4	33	41	5	4	38	2
Bantu	40	45	45	45	12	8	5	9	14	15	9	36
						6	5	57	48		2	12	11	4	2	16	3
Asiatic	3	2			3	2						
								1	1			1	1				
Non-White	154	139	112	118	72	59	41	39	44	40	27	78
						17	14	140	131	5	6	46	53	9	6	54	5
All races	170	153	116	121	83	71	43	42	45	41	28	83
						17	14	143	134	5	6	48	55	9	6	55	5

TABLE G Notified Births and Still Births for the year 1974 classified in wards as to Race, Legitimacy and Percentage of Total Births in Institution (Corrected)

WARDS	WHITE					NON-WHITE					TOTALS			STILL-BIRTHS				Total still-births	Percentage of total births, including still-births, occurring in institutions		
	Legitimate		Illegitimate		Total	Legitimate		Illegitimate		Total	White	Non-White		Total							
	Males	Females	Males	Females		Males	Females	Legitimate	Illegitimate												
												White	Non-White								
1.	60	61	1	1	61	62	123	42	123	42	165	1			2	3	98	93			
2.	59	46	1	4	60	50	110	23	20	17	48	2				2	98	96			
3.	91	84	3	4	94	88	182	31	22	24	56	1			2	3	98	90			
4.	51	46	5	2	56	48	104	104	30	31	266			5		7	98	73			
5.	123	132	19	10	142	142	284	9	27	15	58	3			1	6	99	90			
6.	22	23	2	1	24	24	48	67	62	35	222				1	2	96	97			
7.	3	3		1	3	4	7	1	4	2	9				1	1	100	90			
8.	57	59	8	9	65	68	133	383	196	187	531			15	8	26	90	93			
9.	212	175	15	10	227	185	412	409	268	233	649			14	11	26	98	82			
10.	142	108	4	10	146	118	264	6	7	7	13				1	2	98	88			
11.	77	79	5	2	82	81	163	4	8	5	12						98	95			
12.	72	70	2	2	74	72	146	1	1	4	6					3	100	67			
13.	133	165	6	6	139	171	310	3477	2392	2326	5869					5	97	61			
14.	128	127	76	77	204	204	408	41	17	26	58				137	253	99	64			
15.	146	128	22	19	168	147	315	135	27	22	162				2	4	99	64			
16.	198	195	10	6	208	201	409	161	110	111	271				1	5	98	65			
17.	76	90	5	4	81	94	175	648	502	500	1150				3	11	98	50			
Not allocated (unascertained addresses)																	97	50			
TOTAL	1650	1591	184	168	1834	1759	3593	5464	3709	3565	9173	8848	3593	18021	21614	26	3	197	405	98	64
Births in Cape Town which did not belong thereto																					
* Langa	812	788	18	32	830	820	1650	548	384	365	932	864	1650	1796	3446	17	1	21	75	97	97
* Guguletu Township								157	307	315	464	492		956	956			9	19		69
								707	769	765	1476	1465		2941	2941			34	81		59

* Included in Main table

TABLE H Births in Institutions, 1974
LIVE - AND STILL BIRTHS

Institution	Total Births		Births belonging to Cape Town		Births not belonging to Cape Town (outward transfers).	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital		4 861		4 603		258
Somerset Hospital		3 387		3 147		240
St. Monica's Home		1 418		1 110		308
Mowbray Maternity Hospital	2 798		2 073		725	
Groote Schuur Hospital		3 907		2 900		1 007
Booth Memorial Hospital	184		135		49	
Kingsbury Nursing Home						
Military Hospital	2 046		1 179		867	
Vincent Pallotti Hospital						
Other Institutions	175	173	162	168	13	5
TOTAL	5 203	13 746	3 549	11 928	1 654	1 818

TABLE I Discontinued

TABLE J Births, Deaths Natural Increase, and Infant Deaths, and corresponding rates, for the year 1974

Race	Notified Births		Deaths		Natural Increase		Deaths under one year	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White: Corrected	3593	14,6	2227	9,05	1366	5,5	43	12,0
Coloured: Corrected	13530	30,5	3263	7,35	10267	23,1	526	38,9
Bantu: Corrected	4250	44,7	1079	11,36	3171	33,4	292	68,7
Asiatics: Corrected	241	23,0	39	3,72	202	19,3	7	29,1
All Non-White: Corrected	18021	32,8	4381	7,98	13640	24,8	825	45,8
All Races: Corrected	21614	27,2	6608	8,31	15006	18,9	868	40,2
* Bantu resident in Langa Township	956	30,8	350	11,28	606	19,5	79	82,6
* Bantu resident in Guguletu Township	2941	55,3	651	12,24	2290	43,1	193	65,6

* Included in above totals

All rates are per 1 000 population except the infant mortality rate, which is expressed per 1 000 live births.

TABLE K Infant Mortality Rates per 1 000 by Causes (Corrected)
INFANTS UNDER ONE YEAR OF AGE

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium 1946 - 1947																
1950 - 1951	0,5	2,8	0,8	8,7		2,5	2,8	22,5	3,8	30,5	15,8	28,9	5,9	13,2	29,6	109,1
1951 - 1952																
1956 to 1957	0,1	1,0	0,2	4,2		0,5	2,3	15,1	2,3	42,9	15,0	25,8	5,1	14,2	25,6	103,6
1957 - 1961		1,4		1,3		0,2	2,4	13,2	1,0	31,6	13,5	23,4	5,0	14,9	21,8	85,9
1962 - 1966	0,2	2,2		0,4		0,2	1,6	11,8	1,3	21,9	13,0	27,1	3,9	14,4	20,0	78,0
1967 - 1971	0,1	1,5		0,5	0,1	0,3	1,4	9,4	0,8	16,8	10,2	22,4	2,7	8,9	15,3	59,8
1970 - 1974		1,3		0,3		0,2	0,9	8,3	0,4	13,4	9,0	16,4	2,8	7,0	13,3	46,8
Year 1965		2,3		0,7		0,2	1,5	10,6	1,2	21,8	13,4	29,0	3,5	13,9	19,4	78,5
1966	0,3	2,3		0,3		0,1	0,5	11,9	1,9	20,6	10,2	30,0	3,8	12,5	16,6	77,7
1967	0,3	2,2		0,9		0,4	1,1	12,5	0,8	20,1	10,3	29,7	2,1	13,0	14,8	78,9
1968*		1,4		0,3		0,5	1,3	9,3	0,5	14,1	10,4	22,2	2,6	9,7	14,9	57,6
1969		1,3		0,6	0,3	0,3	1,5	9,3	0,8	16,2	12,7	21,9	2,8	8,3	18,0	58,0
1970		1,3		0,2		0,3	1,2	8,5	1,2	19,9	9,1	20,0	4,3	8,7	15,8	58,8
1971		1,2		0,3		0,2	1,9	7,3	0,7	13,9	8,6	18,2	1,6	4,6	12,8	45,6
1972		0,8		0,3		0,2	0,7	7,9	0,3	10,0	9,5	14,5	2,4	4,7	13,0	38,1
1973		1,6		0,3		0,4	0,3	9,1	0,3	11,7	9,3	15,4	3,2	7,3	12,7	45,8
1974		1,8		0,3		0,1	0,8	8,7		11,3	8,6	13,9	2,5	9,7	12,0	45,8

* Rates based on notified births from 1968.

TABLE K Continued
INFANTS FROM 1 TO 2 YEARS OF AGE*

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium 1946-1947 to 1950-1951	0,3	3,0	0,7	12,7		0,6	0,6	9,6	0,6	13,3		0,1	0,8	4,1	8,0	44,0
1951-1952 to 1956	0,4	1,1	0,5	6,1		0,1	0,6	4,6	0,6	17,3	0,2	0,2	1,1	4,3	3,1	33,8
1957-1961	0,1	1,3		1,8		0,0	0,2	4,3	0,2	9,4	0,2	0,6	1,3	5,0	2,3	22,5
1962-1966	0,3	2,1		0,6			0,1	2,9		4,9	0,4	0,3	0,8	7,1	2,1	18,0
1967-1971	0,1	1,3		0,4			0,1	2,7		3,3	0,3	0,4	0,4	4,3	1,1	12,2
1970-1974		1,3		0,3			0,3	1,9		2,6	0,3	0,2	0,6	2,8	1,1	9,1
Year 1965	0,8	2,9		0,5				2,5		4,2	0,3	0,2	1,1	7,7	2,2	18,0
1966	0,3	1,3		0,4			1,2	2,4		2,9	0,3	0,3	0,3	7,7	2,1	15,1
1967	0,3	1,3		0,5				3,7		3,6		0,8	0,8	6,4	1,1	16,3
1968 †		1,4		0,4			0,3	2,3		3,2		0,4	0,3	4,7	0,5	12,4
1969		1,4		0,2				2,9		3,0	0,5	0,3	0,8	4,3	1,3	12,1
1970		0,9		0,3			0,3	2,8		3,4	0,5	0,4	1,3	3,7	2,1	11,4
1971		1,4		0,4			0,2	1,7		3,1	0,5	0,3		2,2	0,7	9,0
1972		0,8		0,3			0,5	0,9		1,1	0,5	0,1	0,5	2,3	1,2	5,6
1973		1,2		0,2			0,7	2,0		3,1		0,1	0,5	2,6	1,2	9,2
1974		2,0		0,3				2,2		2,4		0,2	0,5	3,3	0,5	10,3

† Rates based on notified births from 1968

*The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

TABLE L Estimated Populations and Vital Statistical Rates since 1948/9

PERIODS	Estimated Populations			Birth rates			Illegitimate births Percentage of total births			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates			Enteric fever death rates Corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers		
	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total
Quinquennium																								
" 1946—1947				19,92	43,26	32,60	2,95	23,95	17,91	9,76	17,20	13,82	10,16	26,06	18,78	29,59	109,12	87,34	0,01	0,05	0,03	0,57	4,50	2,71
" to 1950—1951				18,2	37,8	29,8	3,2	24,5	19,2	9,6	12,3	11,2	8,6	25,5	18,6	25,3	102,4	83,5		0,0	0,0	0,2	1,7	1,1
1951—1952																								
to 1956																								
" 1957—1961				19,1	42,5	33,2	3,9	23,7	19,2	10,3	11,5	11,0	8,8	31,0	22,1	21,8	85,9	71,5		0,0	0,0	0,2	0,7	0,5
1962—1966				17,7	36,6	30,1	4,8	25,6	21,4	10,2	10,0	10,1	7,5	26,7	20	78	78	66		0,0	0,0	0,1	0,5	0,5
" 1967—1971				17,8	36,1	30,1	8,2	30,1	25,8	9,7	9,3	9,4	8,1	26,8	20,6	15	60	51		0,0	0,0	0,0	0,4	0,5
1970—1974				16,9	34,6	29,1	8,9	36,3	31,3	9,4	8,2	8,6	7,5	26,4	20,5	13	47	41		0,0	0,0	0,0	0,4	0,3
YEAR																								
1948—1949	183870	217840	401710	20,29	44,21	33,27	2,96	23,89	18,07	9,60	17,38	13,38	10,69	26,83	19,44	29,29	100,88	88,37	0,01	0,04	0,02	0,45	4,69	2,75
1949—1950	185040	228170	413210	18,70	43,01	32,13	2,69	24,36	18,71	9,68	16,44	13,42	9,02	26,57	18,71	29,56	101,47	83,00		0,03	0,01	0,57	3,96	2,44
1950—1951	186790	255510	442300	18,02	41,40	30,16	2,96	24,08	19,42	9,55	14,97	12,00	8,47	26,43	18,56	23,91	104,20	84,07		0,02	0,01	0,46	3,47	2,16
1951—1952	187540	261280	448820	18,27	40,94	31,26	3,11	25,40	19,86	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26		0,01	0,01	0,26	2,97	1,81
1952—1953	188300	267220	455520	18,37	39,42	30,62	3,38	24,58	19,26	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32		0,01	0,00	0,21	2,07	1,29
1953—1954	189070	273310	462380	18,23	37,86	29,86	3,59	24,55	19,30	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71		0,01	0,00	0,24	1,77	1,15
1954—1955	189830	279580	469410	17,62	36,95	29,26	2,65	23,66	18,59	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52		0,02	0,01	0,17	1,21	0,80
1956	190600	286010	476610	18,6	34,3	28,3	3,0	24,2	18,9	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4			0,0	0,01	0,8	0,5
1957	191380	292620	484000	18,4	36,5	29,8	3,6	24,7	19,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3		0,0	0,0	0,2	0,9	0,6
1958	192150	299420	491570	18,8	34,4	28,7	4,0	23,7	19,0	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2		0,0	0,0	0,2	0,7	0,5
1959	192930	306390	499320	19,2	34,3	28,9	4,1	23,8	19,2	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5		0,0	0,0	0,2	0,5	0,4
1960	193710	338020	531730	18,4	38,3	31,1	4,0	23,2	19,0	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69			0,0	0,0	0,6	0,4
1961	195650	348810	544460	18,9	36,4	30,1	3,8	23,3	19,0	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64			0,1	0,6	0,4	
1962	197910	360880	558790	18,9	35,2	29,4	3,9	23,4	19,0	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59			0,1	0,5	0,4	
1963	200210	377150	577360	18,1	36,2	29,9	4,7	24,2	20,1	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73			0,1	0,5	0,4	
1964	202530	388430	590960	18,3	37,3	30,8	4,8	25,4	21,2	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66		0,0	0,0	0,1	0,5	0,3
1965	204880	405130	610010	16,8	38,4	31,2	4,6	27,0	22,9	10,2	10,6	10,5	6,6	27,8	20,7	19	78	68			0,0	0,0	0,5	0,3
1966	207250	427530	634780	18,0	35,1	29,5	5,9	28,1	23,7	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66		0,0	0,0	0,1	0,4	0,3
1967	209650	441110	650760	18,0	31,6	27,2	8,3	29,9	25,3	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66			0,0	0,0	0,5	0,4
1968	212080	444920	657000	18,1	38,4	31,8	9,4	27,5	24,1	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50		0,0	0,0	0,0	0,4	0,3
1969	214540	462000	676540	18,4	37,4	31,4	7,8	28,6	24,7	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51			0,0	0,0	0,5	0,3
1970	217030	477200	694230	19,2	35,2	30,2	8,0	31,2	26,6	10,6	9,6	9,9	8,6	25,6	20,3	16	59	50			0,0	0,0	0,4	0,3
1971	235550	500210	735760	18,3	35,5	30,0	7,5	33,4	28,3	9,0	7,8	8,2	9,2	27,6	21,7	13	46	39		0,0	0,0	0,0	0,4	0,2
1972	239050	513410	752460	17,1	35,1	29,4	9,2	37,3	32,1	9,0	7,4	7,9	8,1	27,7	21,5	13	38	34			0,0	0,1	0,4	0,3
1973	242600	528180	770780	15,6	34,6	28,6	10,1	39,1	34,2	9,4	8,3	8,6	6,2	26,3	20,0	13	46	40		0,0	0,0	0,0	0,4	0,3
1974	246200	549180	795380	14,6	32,8	27,2	9,8	40,4	35,3	9,1	8,0	8,3	5,5	24,8	18,9	12	46	40			0,0	0,0	0,3	0,2

City extended in 1971 by incorporation of districts of Thornton, Bergvliet, Meadowridge, Ottery (part) and Kirstenhof.
The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census. Birth rates based on notification from 1968.

TABLE M Vital Statistic Rates for Various Centres
(LATEST AVAILABLE FIGURES)

Centre	Birth rate				Death rate				Infant mortality rate				All forms of tuberculosis death rate			
	W	B	A	C	N-W	W	B	A	C	N-W	W	B	A	C	N-W	
Cape Town	14,6	44,7	23,0	30,5	32,8	9,1	11,4	3,7	7,4	8,0	12	69	29	39	46	0,03 0,94 — 0,21 0,33
King William's Town	17,0	22,3	18,4	22,4	—	8,4	10,6	6,1	10,5	—	—	240	—	81	—	— 0,36 —
Port Elizabeth	21,9	40,2	33,5	35,3	—	7,8	17,6	8,3	18,0	—	17	84	23	133	—	— — —
Springs	26,5	24,5	54,1	35,7	—	9,6	9,8	2,6	11,1	—	52	109	—	124	—	— — —
Benoni	21,2	35,2	12,6	—	—	5,8	13,7	3,8	—	—	17	152	63	—	—	— 0,61 —
Durban	17,3	45,3	30,2	36,8	—	9,8	9,5	6,2	6,8	—	18	77	35	39	—	— 0,02 0,27 0,06 0,02 —
Bloemfontein	20,2	24,4	—	37,1	—	11,7	17,3	—	23,0	—	30	181	—	150	—	— — — —
Vereeniging	18,3	19,5	18,4	25,5	—	4,4	5,2	0,7	3,7	—	27	94	38	49	—	— — — —
Pietermaritzburg	19,2	19,7	35,4	37,3	—	10,9	—	6,6	7,0	—	20	59	38	24	—	— 0,02 0,10 — 0,34 —
Pretoria	21,2	13,6	26,9	26,4	15,0	6,3	7,0	4,6	9,8	7,0	22	151	—	—	133	0,05 0,57 0,16 0,93 0,57
Johannesburg	22,9	33,4	33,2	39,5	—	8,3	12,0	7,5	11,4	—	18	74	36	62	—	— 0,03 0,45 0,02 0,17 —
East London	19,6	63,8	22,6	47,1	—	11,1	17,0	9,5	14,9	—	17	123	47	96	—	— 0,10 1,95 0,52 1,09 —
South Africa	23,1	—	34,0	35,5	—	8,6	—	6,9	13,3	—	21	—	36	122	—	— 0,04 — 0,16 0,66 —
England and Wales	14,8	—	—	—	—	12,1	—	—	—	—	17	—	—	—	—	— — — —
County of London	14,1	—	—	—	—	11,8	—	—	—	—	17	—	—	—	—	— — — —

TABLE N Notification of Infectious Diseases Classified for Month of Notification, 1974
O. — Non-White
W. — White

	Tuberculosis respiratory			Tuberculosis other forms			Enteric			Diphtheria			Scarlet Fever			Erysipelas			Cerebrospinal Fever			Infective Encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January	1	105	106		33	33		1	1				1	1	1				1	2	3			
February	3	120	123		36	36		1	1										1	1	2			
March	1	118	119		42	42		2	2	1	1	1	1	1	1				1	1	2			
April	5	119	124		31	31				2	2	2							4	4	4			
May	4	101	105		32	32	1	1	2	1	1	1	1	1	1				3	3	3			
June	5	117	122		36	36													5	5	6			
July	2	150	152	2	37	39						1			1				3	10	13			
August	4	127	131	2	77	79		4	4				1		1				1	10	11			
September	5	122	127		25	25		2	2										3	11	14			
October	6	154	160	1	45	46		1	1	1	1		1	1	2				4	9	13			
November	5	159	164	1	49	50		6	6				1	1					1	13	14			
December	1	104	105		22	22		1	1				1	1	2					5	5			
YEAR	42	1496	1538	6	465	471	1	19	20	5	5	8	3	5	8				16	74	90			

PERIOD	Acute Poliomyelitis			Ophthalmia			Puerperal Fever			Tetanus			Leprosy			Whooping cough			Viral Hepatitis			Malaria		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January					2	2										2		2	1	13	14			
February		1	1		3	3				1	1					1		4	2	12	14			
March		1	1		5	5						1				1	3	7	7	6	13			
April					6	6										5	6	5	1	6	7			
May					4	5										2	1	3	3	10	13			
June		2	2	1	2	2				1	1					4	4	4	1	1	2			
July					8	8	1	1								2	2	2	5	6	11			
August					3	3										1	1	1	5	7	12			
September					1	1										2	2	2	1	4	5			
October		1	1		10	10										1	1	1	1	6	7			
November					2	2				1	1					2	2	4	1	3	4			
December					3	3				1	1					2	2	2	2		2			
YEAR		5	5	1	49	50		1	1	4	4	1	1	1	1	13	24	37	30	74	104			

TABLE O Notification of Infectious Diseases Classified for Age-Groups, 1974

W. — White
O. — Non-White

Age-groups	Tuberculosis respiratory				Tuberculosis other forms				Enteric			Diphtheria			Scarlet Fever			Erysipelas			Cerebrospinal Fever			Infective encephalitis		
	W.		O.		W.		O.		W.		Total	W.		Total	W.		Total	W.		Total	W.		Total	W.		Total
	M. F.		M.	F.	M. F.		M.	F.	M. F.			M. F.			M. F.			M. F.			M. F.			M. F.		
Under 1 year			21	15	1		15	13			29															
1 — 2 "	1		35	24			26	24		1	50															
2 — 4 "	1		77	68		2	70	75			147															
5 — 9 "			22	28			75	60			137															
10 —14 "			9	17			21	27			48															
15 —24 "	3	5	108	154			8	10			18															
25 —34 "	5	3	203	103			4	12			16															
35 —44 "	4	1	193	66		1	6	6			13															
45 —54 "	4	2	160	44			6	1			7															
55 —64 "	4	2	83	20			2	1		1	3															
65 —74 "	6		33	6			45				3															
75 —84 "	1		5	1			7																			
85 years and over			1				1																			
Unknown																										
TO' AL	26	16	950	546		3	235	230		1	471	1	4	5	1	2	1	4	8		7	9	40	34	90	

Age-groups	Acute poliomyelitis				Ophthalmia				Puerperal fever				Tetanus				Leprosy				Whooping cough				Viral Hepatitis				Malaria			
	W.		O.		W.		O.		W.		O.		W.		O.		W.		O.		W.		O.		W.		O.					
	M. F.	M.	F.	Total	M. F.	M.	F.	Total	M. F.	M.	F.	Total	M. F.	M.	F.	Total	M. F.	M.	F.	Total	M. F.	M.	F.	Total	M. F.	M.	F.	Total				
Under 1 year																																
1 — 2 "			2	2				50																								
2 — 4 "			2	2																												
5 — 9 "			1	1																												
10 —14 "																																
15 —24 "																																
25 —34 "																																
35 —44 "																																
45 —54 "																																
55 —64 "																																
65 —74 "																																
75 —84 "																																
85 years and over																																
Unknown																																
TOTAL			5	5				50		1	24	25			1	1		1	5	8	14	10	37	13	17	44	30	104				

TABLE P Notification of Infectious Diseases Classified for Wards, etc 1974
W. — White O. — Non-White

Wards of the City etc.	Tuberculosis respiratory system			Tuberculosis other forms			Enteric Fever			Diphtheria			Scarlet Fever			Erysipelas			Cerebrospinal Fever			Infective Encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1.		6	6																2		2			
2.	3	6	9		1	1													1		1			
3.		5	5				1		1				1		1					1		1		
4.	1	3	4																					
5.	5	1	6																					
6.	2	43	45		11	11							1		1					1		1		
7.		4	4																					
8.	3	35	38	2	7	9		4	4				2		2				2		2			4
9.	13	91	104	2	35	37		1	1				1		1				1		7			8
10.	2	6	8		1	1													4		4			4
11.	1	4	5		1	1													1		1			1
12.	1	6	7																1		1			1
13.	1	1083	1084		343	343		9	9		5	5	2		2					50		50		
14.	2	13	15		2	2		1	1										1		1			1
15.		3	3		4	4		2	2										1		1			1
16.	4	27	31	2	8	10		1	1										1		2			3
17.	4	153	157		52	52		1	1				1		1				1		11			12
Not Allocated		7	7																					
TOTAL	42	1496	1538	6	465	471	1	19	20		5	5	3	5	8				16	74	90			
Imported Infection	4	579	583		95	95																		
Direct Removals	34	256	290		11	11	3	199	202		5	5	1	1	2				12	49	61			
* Guguletu		391	391		169	169					1	1								3	3			
* Langa		341	341		61	61		2	2											2	2			

* Included in Main Table

TABLE P Notification of Infectious Diseases Classified for Wards, etc. 1974 (Continued)
W. — White
O. — Non-White

Wards of the City etc.	Acute Poliomyelitis			Ophthalmia			Puerperal Fever			Tetanus			Leprosy			Whooping cough			Viral Hepatitis			Malaria		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total			
1.																			1		1			
2.																								
3.																								
4.					4	4													3	1	4			
5.																5		5	2		2			
6.					1	1										1		1						
7.																								
8.					6	6							1			1	2		1	4	4			
9.					18	18											1		9	3	12			
10.																			2		3			
11.																			4		4			
12.																			2	1	3			
13.		5	5	1	14	15		1	1		3	3	1			16	16		4	49	53			
14.																								
15.					1	1													4		3			
16.																2	1	3						
17.					5	5											5		1	14	15			
Not Allocated																								
TOTAL		5	5	1	49	50		1	1		3	3	1	1	13	24	37	30	74	104				
Imported Infection																								
Direct Removals		19	19										1	1						6	6		1	
* Guguletu		1	1		1	1					2	2				7	7		1	1				
* Langa					2	2							1	1		2	2							

* Included in main Table

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